HOW WE TALK TO OUR CHILDREN:

AN EVALUATION OF PARENT EFFECTIVENESS TRAINING

FOR THE DEVELOPMENT OF EMOTIONAL COMPETENCE

by

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SOURCES STATEMENT

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ABSTRACT

Converging studies in empathic listening (Ickes, 1997), emotional intelligence (Bar-On 2000, 2001) and conflict resolution (Sanson & Bretherton, 2001; Alvy, 1994) point to the importance of parent training for bringing up socially competent children in a world so changed in western countries that traditional parenting practices are less than effective. Both behaviour and the ability to manage emotion can be affected by interactions with the parent in infancy (Fischer & Rose, 1994) childhood and adolescence (Gottman, 1997). Appropriate assertiveness is an important component of communication skill (Wilson & Gallois, 1993). Conflict resolution skills require a combination of empathic listening, assertiveness and creative problem solving (Littlefield, Love, Peck & Wertheim, 1993).

Parent Effectiveness Training (PET, Gordon, 1976) focuses attention on the development of empathic family relationships leading to autonomy and self-responsibility in children through parent training in empathic listening, appropriate assertiveness and conflict resolution. PET reaches over 900 parents annually around Australia, using a newly developed workbook (Wood, 1997) simplified without loss of content as part of this study. The present investigation provides an extensive study of PET in Australia using a three-group comparison (70 standard US workbook, 81 Australian workbook and 81 controls with no PET) comparing parents' pretest and posttest results with outcome measures following a PET program. Verbal and cognitive skills acquisition was measured using the Parent-Child Response Sheet (PCRS, Wood & Davidson, 1987, 1994/95). Parents' family management concerns were collected through the parent-listed objectives for training and the Issues

of Parental Concern (IPC, Gordon, 1976; Wood, 1996) including ratings of the stress they felt about each issue on the SUDS scale (Wolpe, 1990) before and after PET.

Both PET groups achieved substantially and significantly higher scores than controls on empathic listening, appropriate assertiveness and conflict resolution as measured by the PCRS. Compared with controls the PET parents showed a significantly greater reduction in levels of parental stress about their family concerns. Males scored significantly higher in listening skills using the vernacular version, although there were no statistically significant differences between the workbooks. Extensive qualitative reports indicated that parents had made satisfactory changes in family management procedures, improved relationships with children and increased levels of family harmony. These findings confirm the conclusions of earlier research, including the meta-analysis of PET studies (Cedar & Levant, 1990), and provide the first extensive evaluation of PET implemented at a community level in the light of emerging awareness of emotional intelligence and the need for family development of interpersonal communication skills.

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Dedicated to the memory of Thomas Gordon
who showed us how healthy relationships
are a key to building peace in the family
and hope for building peace in the world

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CHAPTER 1. CHANGE AND CHALLENGE IN THE PARENTING ENVIRONMENT

The Impact of Democracy

Because of radical change in the environment in which parents have to raise their children, there is an urgent need to focus on adaptive parenting styles, and particularly on the language parents use. There has been flux in accepted parenting styles from 1900 onwards (Lomax, Kagan & Rosenkrantz, 1978) but from the fifties societal structures of authority, as well as the authority of parents over children, have changed, sometimes gradually, almost unnoticed, but often much faster throughout all Westernised countries. Dreikurs and Soltz (1964) have asserted that the impact of democracy has transformed the social atmosphere and made the traditional forms of child-raising obsolete.

Accelerating social change has brought many problems and upheavals to family relationships, particularly in the Western world (Garbarino & Bedard, 2001; Marwick, 1998; Edgar, Earle & Fopp, 1993). After World War II, the rise of a new youth culture, full employment, consumerism and the beginnings of the permissive society challenged the old certainties (McMillan, 1987). Garbarino & Bedard (2001) assert that belief in the protective structures of authority in the lives of both parents and children has been eroded, with a consequent loss of respect and trust. The reaction against authoritarianism was hastened in the early eighties (Balson, 1994) coinciding with an attitudinal shift towards more equality, but parenting styles, language and behaviour have changed very little in the face of this very different familial environment (Gordon, 1989; Wood & Davidson, 1993).

Social and Technological Change and Families

The Impact of Television

The current social context in which parents raise children has altered even compared with a generation ago (Eckersley, 1988, 1998; Garbarino & Bedard, 2001). The biggest single changes spring from the expanding use of visual media in the home. Television has had an impact on relationships in Australia since the mid-sixties, and it has brought with it many difficulties for parents. These include violence in films, electronic games and news, with programs showing age-inappropriate sexual mores at times when younger children may be watching. Of even more concern is the promotion of adult themes through extensive advertising aimed specifically at the child and his ability to manipulate his parents' choices (Postman, 1994)

Television programs in Australia are classified separately from films on video and in cinemas, so that people can choose what they want to watch, or permit their children to watch. G signifies "for general viewing", PG is "parental guidance recommended", M "for mature audiences 15 years or over", MA "for mature audiences because of sex scenes, language or drug use", and AV for "adult violent". A film classifier for a commercial television network recently pointed out that distributors and film programmers for television prefer films which can get an M rating, which is permitted to go to air at 8.30 p.m., and hence reach the biggest prime time audience. So that this can be achieved, raters for these networks aim to find ways to reduce coarse language, violence, sex scenes, or whatever needs to be done, so that if possible an M classification can be obtained (Stockbridge, 2001).

Horsfield (1986) warned of the "displacement effect", wherein television can dominate parental control over what takes place in the home. This is a cause for real anxiety, because the influence of media can potentially erode the core values which parents wish to build up in their families. Torres Strait Islander parents in the international study *Parenting-21* conducted by the Australian Institute of Family Studies (Soriano, Weston & Kolar, 2001) complained of the loss of community activities resulting from individual families viewing television at home in the evenings instead of storytelling in outdoor gatherings. There was also concern at the amount of violent video viewing and subsequent aggressive behaviour by the children.

Children throughout Australia who are heavy viewers of TV, three hours or more daily, are growing up as unwitting targets of external adult manipulation. This results both from advertising and the dominance of viewer-number ratings rather than quality of content as the chief criterion of what is to be shown. Television viewing can also become addictive. Reporting a number of empirical studies, Kubey and Csikszentmihalyi (2002) conclude that self-described television addicts are more easily bored and distracted and have poorer attentional control than non-addicts, the orienting response which seems to be activated by movement on the television screen is overworked when there is continuous change from screen cuts, as in music videos and commercials, and children report feeling tired, dizzy and nauseated after long sessions.

Postman (1994) contends that the visual ingestion via television of the total gamut of human experience from interpersonal and sexual mores to international occurrences, disasters, famine, terrorist activities and war as well as positive happenings, has had such an impact on children that childhood no longer exists in the

sense that it has been understood in the Western world over the past century. Instead he has proposed that the human life-cycle now can be said to have only three stages - infancy, child-adulthood and senility, since children are no longer protected from information that they are not yet mature enough to understand. This has enormous implications for the socialising practices of both parents and educators.

Violence in the Electronic Media

There is concern about the amount of violent behaviour children see, from legislators in a 1997 Australian Senate Report on the portrayal of violence in the electronic media, from psychologists and from professionals concerned with film classification (Biggins, 2001; Bretherton, 1997).

Most at risk, according to Pennell and Browne (1998, in Unsworth & Ward, 2001) are younger children, boys, children from violent homes and those who are insecure. The combination of violent cartoons and toys marketed to tie in with their characters has been shown to influence more aggressive play in pre-schoolers (Sanson & Di Muccio, 1993).

Parents are warned that it is unwise to use the TV as a babysitter in the absence of alternatives, that predators cruising the internet can potentially hurt their children, and that over-use of computers can also become addictive (Garbarino & Bedard, 2001). Anecdotal reports suggest that pubescent children raised to be obedient are more vulnerable to adult predators because of their concept of adult authority (M. Wood, 2002), and Kohn (1999) points out that children rewarded for mindless obedience learn nothing of making moral choices. Other causes of anxiety to parents include children's safety between home and school, and the complications

arising for mothers in the workforce, particularly when they work full-time (Alvy, 1994).

Children's Computer Use

Computer games, which are played by older children who have considered them fairly harmless (Aisbett, 1997) are using new technologies with more graphic violence, sparking concern that they are highly unsuitable for younger siblings, especially those under eight or nine who can so easily get involved (Fleming & Rickwood, 2001; Unsworth & Ward, 2001). Fleming and Rickwood (2001) showed that both boys and girls experienced greater arousal after playing a moderately violent video game, and voiced the concerns that (1) this arousal partially explains the attractiveness of the games, and (2) that the pleasure of playing may be a factor in desensitisation to violence.

There are further concerns among educators and researchers in early childhood that computer use is affecting the development of young children in a way that is inappropriate. Development of their ability to achieve rapid response times on screen has "speeded up" reaction times in some children, and research has reported that they have become unable to pick up interpersonal signals, especially nonverbal indicators such as facial expression (Alliance for Childhood, 1999).

Nevertheless controversy remains as to whether the evidence which links the viewing of violent TV shows and videos and increased aggressiveness in children is sufficiently substantial. As an example, Bensley and Van Eenwyk (2001) conducted an extensive and careful review of the literature on video games and real-life aggression in relation to three age groups: pre-school and elementary school children, middle and high school students, and college students and young adults. Studies were

categorised as experimental (random assignment to groups and measurement of an aggression related outcome), quasi-experimental (pretest-posttest design), correlational (participants asked about video-game playing and feelings related to aggression) and descriptive (participants asked how video-game playing affected them). Pre-school and elementary school studies showed behavioural observations as well as other outcome measures, and studies in the two older groups used mainly measures of self-reported aggression, antisocial behaviour and mood. The results of the survey were mixed. Many studies appeared to be flawed and results were inconsistent. Gender effects in this area have been clearly established, but some of the studies were flawed because they failed to control for gender. In the youngest age group, eight experimental studies were found, and of these there were four which used observations of aggression during free play. Three of these studies found that violent video-game play caused increased aggressive play immediately after the video game. The fourth study found that boys were more aggressive than girls before playing any video game, but reduced their aggressiveness to a level similar to that of girls after playing a video game. Results for other kinds of outcome measures in this age group were quite mixed.

Results for middle and high school students were also very mixed, with results from one experimental study, one quasi-experimental, six correlational and two descriptive studies. Four studies found some association between the amount of time spent playing video games and self-reported aggression, but the patterns varied, and contradictory results were reported in some of the other studies. The pattern was similar for other outcome measures.

Seven experimental studies were included relating to the older age group plus one that compared playing with observing a violent game, but only one of these used

outcome measures other than self-report, and again the results were mixed. It would seem that the most consistent results were found for the youngest group, in the studies which used observational outcome measures, but the studies included in the review by Bensley and Van Eenwyk (2001) have not established any clear link between the playing of violent video-games and increased aggression in the young.

The Decline of Human Interaction in Spoken Language

Locke (1998) has drawn attention to the importance of language use per se in a healthy society, and pointed out the growing trend for the employment of electronic communication at the expense of human interaction. Social voices have given way to phone and text messages, and children spend hours with television, video recorders and computers, often longer than they interact in person with peers and family. Television has changed the patterns of family meals, and for many children the times for homework and sleep. While children often make constructive use of the internet, and email for interaction with their peers and as a resource for information gathering, overuse of computer-assisted communication may flatten intimate forms of self-expression, hindering the development of personal warmth and trust, both of which are essential for cooperative communities. Spoken language in families is important for the development of respect, openness and trust (Locke, 1998). Solitary computer use limits a child's verbalisation, and language skills are needed for both emotional development and problem solving (Healy, 1999).

Changes in Family Structure, Roles and Relationships

Size and Structure of Families

Families themselves are more complex. The question of what constitutes a family in the 21st century is defined by the Australian Bureau of Statistics by living arrangements. In 2000, in round figures, there were over five million families in Australia, over half of whom had children under 15. Four million were couple families, and fifty-two percent of these were couple-only families. Other categories of family included lone fathers with children under 15 (2.3% of all families with children under 15), and lone mothers with children under 15 (13.2% of all families with children under 15), de facto couples (10.1% of all couples-only in 1996, including same-sex couples) and persons living alone (Australian Social Trends, 2001). The quality of parenting and parent-child relationships can be diminished after separation, (Pryor & Rodgers, 2001), with less authoritative parenting in lone-parent households (Baumrind, 1967).

Some changes within the family which have impacted on parenting seem to be cyclical (Edgar, Earle & Fopp, 1993). Families in 2001 tend to be smaller, and mothers older at the birth of the first child. In Australia in 1999 the fertility rate of women aged 35-39 had almost doubled that in 1979, from 24 to 47 births per 1000 women, and similarly for women aged 40-44 from 5 to 9 per 1000 (Australian Social Trends, 2001).

Changes Within Families

Perhaps the most striking social change in recent times is the very large increase in the workforce of women with families. Participation in Australia has

almost doubled since 1966 (Weston, Qu, & Soriano, 2002). Mothers have generally had longer in the workforce before starting their families, and many continue to work while raising children. As a result of these trends, many first-time parents are less familiar with the management of babies and small children. Mobility and immigration often mean that the extended family is absent, or far away. Without such social support, mothers can be very isolated at the birth of a first child.

The role of fathers is changing. Fathers are expected to, and do take more interest in the birth of their children, and many provide more help to their wives than their own fathers did. There is currently considerable motivation among fathers to be more involved with their children than those of previous generations (Hand & Lewis, 2002). Conversely, many men of both high and low income status are working longer hours, which constrains the time available for their families (Healy, 2000; Weston et al., 2002).

Workplace Changes

Changes such as corporate restructuring, contract employment rather than permanence, the threat of redundancy, unemployment or under-employment mean that parents of both sexes often work very long hours. Concern has been raised about the possible negative impact on family wellbeing when there is conflict between the demands of employment and that of bringing up a family (Gray & Stanton, 2002). The long-term costs of imbalance between the two are very high in terms of poor child development outcomes (Gray & Stanton, 2002; Prior, Sanson & Oberklaid, 2000).

Economic changes now cost younger people and families more in terms of time and money than those at the older end of the scale (Thomson, 1999), while

mothers in particular have to juggle their commitments to children and work in spite of supposed improvements in social policy and enterprise bargaining agreements (Morehead, 2002; Probert, 1999). Children can be at home unsupervised for longer, particularly as they get older (Edgar, 1997).

Family Breakdown and the Need for Parenting Skills

Stress at work causes stress at home, and vice versa (Glezer & Wolcott, 1999; Nickols, 1994). Of particular concern is the negative impact on families of the combination of stress and poor conflict resolution skills (Weston et al., 2002). Family breakdown brings its own set of problems, including lone parents, often the absence of fathers, and disadvantaged single mothers in comparative poverty. Even mothers who successfully manage the transition from intact family to sole parenthood have to work very hard to maintain their domestic responsibilities in conjunction with paid work. It requires a high level of social skills to re-organise the necessary child care, including after-school supervision, social support, household management and financial arrangements without the same level of involvement of the partner, if there is any involvement at all (Morehead, 2002).

Those who remain disadvantaged face the likely repetition of the same problems for their children. The perpetuation of low levels of achievement in disadvantaged families was pointed out by Anastasiow (1988) who recognised the importance of brain development in infancy and early childhood, and the need for prevention of problems through parent training in interpersonal skills. Lack of these skills in parents and young people is a factor in anti-social behaviour (McCord & Tremblay, 1992; Rutter, Giller, & Hagell, 1998), eating disorders (Touyz, Russell & Beumont, 1996), family break-down (Eastman, 1989), homelessness (Sykes, 1993),

mental health problems including depression (Spence, 2001), and youth suicide (Eckersley, 1998; Mitchell, 2000). Using data from the Montreal Longitudinal-Experimental Study, Pagani, Boulerice, Vitaro and Tremblay (1999) found that family poverty had a direct effect on both academic failure and extreme delinquency in boys.

A major ongoing investigation, the Dunedin Multidisciplinary Health and Development Study, has followed the health and development of a cohort of 1037 babies born between 1 April 1972 to 31 March 1973 in New Zealand. It has established the negative impact on families of adverse parenting practices and environments, resulting in emotional and psychological distress, behaviour disorders, cognitive disadvantage and delinquency (Pryor & Woodward, 1998). Similarly, Farrington and Hawkins (1991) found, from data in the Cambridge Study in Delinquent Development, that poor parental child-rearing practices and a low level of commitment to the family were among independent predictors of participation by 411 young London males in officially recorded offending, while an early onset of offending (between ages 10 and 13 years) was predicted by low paternal involvement with the boy in leisure activities, as was persistence in crime between ages 21 and 32 years. Integrating findings from a wide range of research studies, Maughan (2001) concluded that the three most deleterious styles of parenting were coerciveness and the use of physical punishment; hostile, critical parent-child relationships; and inconsistent, ineffective management styles.

Baumrind (1993) distinguished the normal socialisation practices of the families of comparatively affluent background studied in the Family Socialisation and Development Competence Project (FSP) at the University of California, Berkeley (Baumrind 1967, 1971, 1980, 1989, 1993) from those found in disadvantaged and poverty-stricken families, who in coping with a more hostile environment, tended to

use harsh methods of discipline, often with disastrous consequences. Equally, in better-off families, the impact of long working hours, over-stressed parents and the demanding schedules of parents and children can similarly result in poor child development outcomes (Gray & Stanton, 2002).

Changes in Social Trends and Law

Rights of the Child

Changes in social trends, custom and law in Australia, Europe and North America have been instrumental in forcing a shift in the basis of previously accepted parental authority, although it remains less observable in other cultures. Social understanding of these trends has acquired a new importance in view of the implications for families. Two examples show how a major change has occurred in previously held values. The first is the Convention on the Rights of the Child (1989), in which the responsibility of society and of parents to their children is focused on the need for respect for children as people. It has been pointed out that most societies have previously considered the young rather as juniors who belong to the older generation, to whom *they* have an obligation of respect (Rayner, 1994).

Legal Changes

The second example is Gillick's case in the UK, in which it was found that access to contraceptive information could legally be given without parental consent to a 14-year old girl provided that she had sufficient understanding of the issues involved (Gillick v. West Norfolk and Wisbech Health Authority (1985) 3 All E R 830). The case was particularly significant in terms of its implications for parental

rights and responsibilities (Wilson, 1986) and it has had extensive repercussions throughout the English-speaking world, particularly in countries where the common law is practised (Bunney, 1997; Eekelaar, 1986; Levy, 1996; Montgomery, 1988; O'Connor & McMillan, 1987). The legal debate reflects the complex changes occurring in relation to the rights and responsibilities of parents, children and the state (Atkin, 1986; Dickey, 1992; Downey, 1986; Seymour, 1999). The basis of once commonly accepted parental authority has shifted in quite a concrete fashion, yet complex social and moral issues are still unclear. Some boundaries have been legislated apart from the common law, for example, the *Children, Young Persons and Their Families Act 1997* in Tasmania, in which parents are subsumed as guardians, and in an explanatory leaflet, published by the state Commissioner for Children, parents are not mentioned at all.

Children, according to Dreikurs and Soltz (1964) were already showing sensitivity to a changed social climate, and whether or not they understood what was happening, were no longer willing to be submissive to adults. Many of them now are aware of changes such as those enacted in the Convention on the Rights of the Child (1989), but often parents feel confused about what is acceptable. This can result in a permissive approach and an apparent inability to set boundaries of any kind (Cloud & Townsend, 1998), a situation that might seem to reflect aspects of learned helplessness (Seligman, 1973, 1996). Other parents become trapped in an ineffective model of coercion (Wahler & Dumas, 1986). Martin, Linfoot and Stephenson (2000) found that aggressiveness in pre-schoolers was associated with lower maternal confidence, and maintenance of a self-defeating cyclical model of coercive exchanges. The importance of intervention at this early stage has been emphasised by Tremblay (2001) who pointed out that the age at which humans are most frequently

physically aggressive is during the last half of the second year after birth and that the frequency does not increase with age.

Tremblay, Japel, Perusse, McDuff, Boivin, Zoccolillo and Montplaisir (1999) found that the onset of physical aggression had occurred in close to 80% of a sample of 511 children by the age of 17 months. The age of onset appeared to be influenced by both the sex of the child and the presence of a sibling, but most children had learned to inhibit physical aggression by the time of school entry. Tremblay (2001) however, noted that while most children have found alternative ways of achieving their aims by the time they enter kindergarten, those who have not are at increased risk of adolescent and adult violence, as well as later dangerousness. Among low socio-economic groups, the family can serve as a powerful buffer, and early interventions have been shown to successfully alter trajectories that begin with aggression and lead to grade failure and criminality (Tremblay, 1999).

Physical Punishment and the Use of Power

Some formerly accepted parental methods of family management such as smacking have been discouraged for many years, but in Australia, a comparative study of Anglo, Torres Strait Islander and Vietnamese families (Kolar & Soriano, 2000) found that while Anglo parents were generally uncomfortable with discipline that relied on smacking or hitting, the more traditional islanders and the Vietnamese parents were confused by current disapproval of a practice they regarded as both effective and necessary.

While physical punishment can work as a deterrent, it also teaches children that aggression is acceptable (Parke, 1977). Graziano and Namaste (1990) found that over 90% of 19-year old college students in a US sample had been spanked as

children, and a third of these still felt resentment. In a cross-cultural survey (Gelles & Edfeldt, 1986) it was found that high levels of physical punishment were used by both American and Swedish parents on their children. Gordon (1989) believed that physical discipline was not only ineffective, but encouraged children into undesirable behaviours such as lying, resentment, retaliation, avoidance and withdrawal. Porter (2001) concluded that smacking children of any age is unethical, ineffective and risks damaging the relationship of parent and child, and Straus, Gelles and Steinmetz (1981) found physical punishment both damaging and ineffective. Corporal punishment is proscribed for educators and schools in Australia, Sweden and the UK.

Ethnic Variations

What most parents actually do is influenced by patterns from their own family of origin. In a major investigation of parenting practices in Australia, linked with similar studies in Italy, the Netherlands, Poland, Spain, Sweden and the United States, (McGurk & Kolar, 1997) results from the first part of the study showed that parents were influenced by the way they themselves were brought up, though they rarely accepted it unconditionally (Kolar, 1999). Only thirteen percent consciously tried to re-create their family of origin, but others admitted that despite intending to be different, they realised that they were still copying their own parents. Some immigrant parents in Australia reported difficulties with intergenerational cultural differences, because the child management practices of the grandparents seemed inappropriate in their adopted country (Soriano, Weston & Kolar, 2001).

Apart from ethnic variation in a multi-cultural society like Australia, there is considerable debate about what constitutes good parenting practice. Advice from books and magazines is frequently conflicting, and with the rejection of authoritarian

patterns of discipline, many parents are uncertain as to how they can best raise their children. Children have assumed, at least on the surface, a sophistication their parents never had. They frequently have greater knowledge in some areas, especially in technology - television, audio, electronic games and computers. They have access to sophisticated information which once would have been available only to their parents and other adults.

Social, legal, and technological changes have impacted on the roles of parents and children in such a way as to render traditional parenting methods ineffectual, yet children's emotional development and interpersonal skills depend upon their interaction with parents, early carers and families. There is a need for a parenting style which is effective in bringing up competent children in the environment of the 21st century.

Dimensions of Child Development Which Need To Be Understood and Supported in Parenting and Education

Early Brain Development

The views of researchers in psychology about the need for effective parenting have been emphasised in the light of physiological evidence that has accumulated in developmental studies over the past ten to fifteen years. The critical importance of experience in infancy and very early childhood has not previously been well understood from a neurophysiological point of view. First from animal investigations (Liu et al. 1997; Meaney, Aitken, Van Berkel, Bhatnagar & Sapolsky, 1988) and thence from human studies (Dawson & Fischer, 1994; Keating & Miller, 1999),

researchers have emphasised the critical importance of the early years for successful brain development and its implications for the competent functioning of adults.

Interestingly a large body of research from different areas and disciplines has shown converging results in this regard. Studies emanating from developmental neurophysiological investigations in early childhood (Cynader & Frost, 1999), in medicine and health (McEwen, 1998; Power & Hertzman, 1997), and in psychiatry (Maughan & McCarthy, 1997) have important consequences for parenting practices, childcare and schooling (McCain & Mustard, 1999). From these converging studies, McCain and Mustard (1999) have pointed out that the years from conception to three are crucial for brain development, as well as influencing life-long health. Citing Swedish longitudinal studies which show that there are higher levels of juvenile delinquency among children who have lower verbal skills and literacy when younger, Stattin and Klackenberg-Larsson (1993) suggested that both cognitive and emotional development depend on competent, nurturant parenting, which includes language acquisition. Tremblay, Pihl, Vitaro and Dobkin (1994) found that early onset of male anti-social behaviour could be predicted from the way boys behaved in pre-school, and that preventive efforts should be targeted there to children at risk. Power and Hertzman (1997) asserted that both social and biological pathways link early life and the development of disease in adults, therefore the ongoing role of social investment cannot be overstated.

Early life experiences of human infants and toddlers have been shown to have a fundamental effect on the building up of brain connections, and moreover different developments occur in critical or "sensitive" periods, outside of which they may either not occur or be problematic (Cynader & Frost, 1999). The development of neural pathways in the brain occurs broadly in stages and in individual contexts

(Fischer & Rose, 1994), so that behaviour and the ability to manage emotion can be affected by the infant's interactions with the parent. In this framework, the centrality of emotion matches that of cognition. The implication here is that good parental handling from the beginning is important for encouraging competent functioning in childhood and later adulthood. Nurturant parenting may also be critical to facilitate the maturation of normal immunity in a healthy body (Coe, 1999).

The Centrality of Emotional Development

Dawson (1994) argued that earlier observations that neonates are primarily emotional beings have been confirmed by empirical studies of brain development, and that it has further been established that expressions of emotion activate specific areas in the frontal and anterior temporal regions, (Davidson, Ekman, Saron, Senulis & Friesen, 1990). Lateral asymmetry is shown according to whether the emotions are reactive towards the environment (joy, interest and anger) or withdrawal (distress, sadness and disgust). By six months of age the infant begins to show behaviours such as signalling discomfort to engage a parental response. After six months, planful behaviour becomes possible, including self-regulation and inhibition of a pre-potent response "as reflected in delayed and detour responses and means-end behaviour" (Dawson, 1994, p. 359). The lack of positive reinforcement for these behaviours is more likely to lead to inhibition and withdrawal. Compared with infants of non-depressed mothers, infants of depressed mothers who talk less to their babies, show different patterns of brain development and behaviour (Dawson, 1994), which do not change after the mother's recovery (Field et al. 1988, in Halberstadt, 1991). Dawson (1994) concluded that the infant's parenting environment plays a part in shaping subsequent behaviour as well as defining various thresholds of endurance.

Longitudinal studies have also shown predictive ability in relation to depressed mothers and later delinquent behaviour in their children. A recent study (Laplante, Perusse, Boulerice, Malo, Boivin & Tremblay, 2001) concluded that psychological distress in either parent might degrade parent-infant interactions. No gender differences were found for infant visual processing abilities or parental psychological distress, but the visual encoding abilities of girls, (and not of boys) appeared to be affected, perhaps because of female characteristics in personal interaction.

Basically these studies also point to the equal importance of emotional and cognitive development, and run counter to the views of educationists in earlier generations, who considered emotion to be secondary to cognition, or even as unworthy, a shortcoming to be overcome by rigid training. This view derived ultimately from the philosophy of the Stoics, which was picked up in early Christianity, and in the Latin writings of Seneca and Marcus Aurelius. The Stoic influence was extended through classical, religious and ethical education, and can still be seen in the British tradition of the "stiff upper lip" (Magee, 1998).

Behavioural psychologists during the first half of the 20th century also believed that emotions, like perceptions or memories, could not be categorised as observable facts or objectively measurable behaviours, and were not worthy of study (Le Doux, 1998; Zajonc, 1980). As a behaviourist, R.S. Lazarus (1984) espoused this view, which was contested by Zajonc (1984) who suggested the likelihood of independent pathways in the brain for processing affect and cognition, and pointed out that there was already some experimental evidence for the primacy of affect.

While developmental neuronal studies have particular importance for parenting practices in early childhood, empirical findings show that an understanding of emotional development is equally important in the management of later childhood

and adolescence (Maughan & McCarthy, 1997; Resnick, Bearman, Blum, Bauman, et al., 1997; Tremblay, Pihl, Vitaro & Dobkin, 1995).

Social Intelligence and the Primary Role of Emotion

Mayer (2001) has shown how over the past decade new empirical studies have been investigating the concept of social intelligence (Marlowe, 1986), and separating out the fields of cognition and affect, nonverbal intelligence (Buck, 1984) and finally emotional intelligence (Mayer, DiPaolo & Salovey, 1990; Mayer & Salovey, 1993; Salovey & Mayer, 1990; Schutte, Malouff, Hall, Haggerty, Cooper & Golden, 1998). Social intelligence was first defined by Marlowe (1986) as including social skills, empathy skills, prosocial attitudes, social anxiety, and emotionality, which were further defined as emotional intelligence (Salovey and Mayer, 1990). Shortly before this, Lane and Schwartz (1987) proposed the concept of levels of emotional awareness as a foundation for that of emotional intelligence. Levels of emotional awareness were posited to be both developmental and experiential, hierarchically developed in stages comparable to Piaget's stages of cognitive development, and ranging from physical sensation through action tendencies, single emotions, blends of emotions, and blends of emotional experiences. These were suggested to be experienced individually and differentially, understood and interpreted according to their representation through the learning of language, and tending to be adaptive (Lane, 2000). Karmiloff-Smith (cited in Lane, 2000) described a similar process in cognitive development wherein the transformation of knowledge is mediated through "representational redescription", from implicit to explicit thought, for example through words, thus making the thought itself more flexible, adaptable and creative. A Levels of Emotional Awareness Scale (LEAS) (Lane, Quinlan, Schwartz, Walker &

Zeitlin, 1990) has been developed and tested in 8 separate psychometric studies, and shown to have high inter-rater reliability, and internal consistency, and norms for age, sex and socioeconomic states have been established. It has not, however, yet been assessed for test-retest reliability in the general population. Lane (2000) has pointed out that it is unlikely to be a measure of verbal intelligence only, since significant effects are shown when verbal ability is controlled. Emotional awareness has been shown in independent samples to be significantly correlated with both impulse-control and self-restraint, indicating that greater emotional awareness is associated with greater self-reported impulse control (Lane, 2000). The latter is a component, according to Goleman (1996) of emotional intelligence. This is also consistent with the theory that higher levels of emotional awareness permit modification of lower levels of action.

The Importance of Fostering Emotional Intelligence

Gottman (1997) believed that democratic styles of parenting were more functional than authoritarian approaches, but concluded after ten years of empirical investigations that the emotional interactions between parent and child are even more important. Advice to parents sometimes focuses on obedience, addressing children's misbehaviour, but fails to take note of the feelings that underlie the misbehaviour. Most parents want more than mere compliance, they want children to be moral and responsible, to have good relationships and eventually become good parents themselves, an outcome which is increasingly problematic (Amato & Booth, 2001). Gordon (1981) described the undesirable effects of teaching children to be compliant rather than responsible, and cited Milgram (1974) who showed that teaching people submission to authority effectually precludes development of a sense of

responsibility. Instead, Gordon advocated that parents (and teachers) should learn the interpersonal skills that would enable them to establish relationships with children that are "egalitarian, collaborative, synergistic, collegial, reciprocal, mutually beneficial and democratic" (Gordon, 1981, p.239). In this kind of model, which was developed in Parent Effectiveness Training (PET), Gordon (1981) explained that control was replaced with influence, domination with leadership, and win-lose methods of conflict resolution with a win-win (or no-lose) method. Similar doubts about teaching compliance have been expressed by Kohn (1999), who pointed out that this fails to teach children how to make moral choices.

Gottman (1997) found in his extensive research that the majority of parents wanted their children to grow up leading productive and enjoyable lives, and that most crucial to achieving these goals was the way the family manages emotional interactions. Moreover Gottman emphasised that his research validated the notions of Ginott (1969) who believed that parents' therapeutic talk with children when they were emotional is the key to their subsequent maturity. Ginott, he pointed out, had said that a child cannot process good advice in the midst of his own strong emotion, nor can he get rid of his feelings when told to do so, or told they are "not nice" unjustified, or not what he ought to feel. This kind of parental advice teaches a child not to trust his own emotions. Ginott's methods, on the other hand, engage with the child in her own emotional world, and show parental acceptance of her feelings, which is quite different from acceptance of all her behaviour. It is perfectly proper for a parent to set limits, moving from feeling to action, and problem solving with the child in a moment of strong emotion.

Emotional Self-Regulation

Porter (2001) urged that parents of young children should aim at guidance rather than control in child management, fostering consideration, respect and healthy self-esteem. Building a warm, nurturing relationship is essential for teaching young children emotional self-control, and is the key to management of challenging behaviour. Listening skills, encouragement rather than control, and firm assertiveness about the parent's own needs and standards all help babies and toddlers to know they are valued members of the family, as well as what they are expected to do. The guidance approach comes from a belief that young children make behavioural mistakes rather than "misbehave", and that they need help to learn self-regulation in both emotion and behaviour. Self-regulation may be an inhibitory mechanism to reduce arousal, or it may also be an enhancing function to allow a needed expressiveness of a particular emotion (Halberstadt, 1991), but it has been shown to be associated with greater emotional awareness (Lane, 2000).

A recent study (Zins, Elias, Greenberg & Weissberg, in press) cited in Mayer, 2001) has suggested that training young people in emotional intelligence leads to more adaptive behaviour and improved mental health. Zirkel (2000) pointed out that the concept of social intelligence is historically derived from the personal construct work of Kelly (1955), Rogers (1961), Rotter (1966, 1975), and the "new look" of the 1950s, including G.A. Miller (1969) and Galanter and Pribram (1960). Both the latter and the "new, new look" (Bruner, 1990, cited in Zirkel, 2000) presume an interplay between the individual's creative understanding and interpretation of their life goals and their actual behaviour. The focus is on the purpose and the inherent potential for constructive change within the person (Rogers, 1961) as much as on the specific behaviour elicited (Zirkel, 2000).

The Importance of Temperament

A longitudinal study, the Australian Temperament Project 1983-2000 (Prior et al., 2000) has investigated temperament and development in an Australian cohort of children, beginning at 4-8 months and continuing up to 16 years at the present time. The project has produced a number of important findings which parallel those in the neurophysiological studies. It has been shown that individual temperamental characteristics have a significant long-term influence on positive adjustment and socially adaptive behaviour, and that specific temperamental types are linked to particular outcomes. While different temperaments require variations in child management, it is important to assist individual children towards the capacity to self-regulate their emotional responses and behaviour. Family interaction and interpersonal responses are affected by the temperaments of individual children. This effect occurs from very early in life and is relatively stable.

Baumrind (1980) also pointed out that within a reciprocal and interacting system such as the family, individuals produce by their actions the environmental conditions that affect their own as well as others' behaviour. She suggested that children have to learn not only about the realities of their physical environment, but also about more abstract social realities. In order to function effectively in a changing world, they need a reciprocal flexibility, and the ability to postpone gratification. These qualities are nurtured in the effective family, modelled by parents and assimilated by children (Baumrind, 1980).

The researchers in the Australian Temperament Project (Prior et al., 2000) found that persistence, flexibility, emotionality and reactivity in children are features of temperament which need guidance, and parents should be helped to encourage and teach positive capacities for self-regulation in these areas. They concluded by

suggesting that accessible, sought-after community resources should be developed to assist families to cope effectively and to avoid undesirable outcomes such as school drop-out, substance abuse and delinquency.

Other Powerful Influences

Arguing against blanket acceptance of the persuasive notion of infant determinism, Kagan (2000) suggested that powerful influences which affect children particularly after age two, include birth order, the influence of siblings, temperament, class and ethnicity, as well as the impact of major historical events. Experience does affect brain plasticity, but the dynamic interaction does not necessarily have a permanent effect, and the Piagetian stages of concrete and formal operations also have a profound influence (Kagan, 2000). Children's emotional development is affected by early experience, but Kagan argues, not necessarily permanently, since cognitive capacities also develop serially, and together with environmental factors, can mediate earlier influences.

The Impact of Families on Children

There is plenty of evidence from empirical studies in psychology (De Frain, 1999; Stinnett, 1983) that families, however defined, are still the strongest factor in the development and maintenance of human competence, and that the vital ingredient in this is to be found in the family's own internal dynamics, "the way family members relate to each other and the outside world" (Eastman, 1989, p. xvi). Family communication style and the way family members recognise and affirm each other's

unique qualities are fundamental to the development of the mature adult (Edgar, 1999; Gordon, 1989; L'Abate, 1990; Mace, 1983). Indeed, Edgar (1999) asserts that in a changing social ecology, family influences are "the crucible in which the basic mould of civilisation is formed". Personal competence and social skills are not the only benefits an individual acquires in the well-functioning family of origin. The success or failure of outside education also is bound up with the self-esteem children acquire within the family.

Baumrind's Research on Parenting Styles

Commonly found parenting styles in the United States were established empirically in the longitudinal parenting project known as the Family Socialisation and Development Competence Project (FSP) at the University of California, Berkeley (Baumrind 1967, 1971, 1980, 1989, 1993) . A detailed summary was made of Baumrind's observation studies with a cohort of children born in 1958, and the analysis of their parents' behaviour and attitudes. The investigation centred on the children's behaviour at ages five, nine and fifteen. Parents of optimally competent children in 1967 were designated as authoritative (and some as harmonious) while those of less competent children were separated into categories labelled authoritarian or permissive. As the study progressed other distinctions were made, but the broad categories were confirmed. It was shown that authoritative parents maintained a unique combination of demandingness and responsiveness which could be assessed by how well the parent balanced the parent/child interaction between disciplinary demands and respect for the child, and how well the child balanced reliance on parental care with progress to emancipation. In practice this could be shown by the resolution of social conflicts with justice and compassion (Baumrind, 1989).

Demandingness related to the expectation and insistence by the parents that the children would contribute to the family, fulfil the duties expected of them, and achieve developmental goals to the best of their ability. Responsiveness referred to the parents' ability to attend to the children's stated feelings, and to take them into account when deciding on a course of action. Baumrind (1980) also pointed out that parents play a determining role in the way their children develop in intelligence, character and competencies. Children learn by insight, by training and by imitation. Schwebel and Christie (2001) suggested that children raised by parents using an authoritative style of interaction tend to have high levels of self-esteem, self-reliance, and achievement; they also tend to comply with their parents' requests.

According to data from the National Longitudinal Study on Adolescent Health, parents who establish a strong sense of family connectedness, and show warmth, love and caring (Resnick et al., 1997) also protect their children across domains of risk, including substance and alcohol abuse, early sexual debut and suicide. For at-risk children, protective factors seem to reside in the promotion of self-efficacy and self-esteem (Maughan & McCarthy, 1997). In their longitudinal study of temperament, Prior et al. (2000) found that factors which contributed to social competence in resilient children and adolescents were cooperation, assertion, self-control, responsibility and empathy. Children who exhibited persistence, flexibility and positive emotionality were better able to remain well-adjusted through adversity. It is therefore important that parenting practices should take account of the development of emotional intelligence.

Effective Families

Pointing out that discussion of the strengths of family is more productive than too great an emphasis on its problems, De Frain (1999) alludes to the six most important qualities shown by strong families, qualities which can be encouraged by modelling, education and their own positive reinforcement. The six qualities, first proposed in the Family Strengths Model (Stinnett & De Frain, 1985) include commitment, appreciation and affection, positive communication, time together, spiritual wellbeing and ability to cope with stress and crisis. The researchers found these qualities in 660 self-defined strong families across very different cultures in American society (Stinnett, 1983).

The Importance of Parents' Verbal Style

Important aspects of positive communication in effective families (De Frain, 1999) were good listening, checking people's ideas through open questioning rather than making assumptions, and kindly humour. Sarcasm and shaming were not commonly practised. The good listening practices of the family members communicated respect, and facilitated their abilities to use conflict creatively (Stinnett, 1983).

Verbal style is one of the variables that affects parenting patterns; it is considered a key to cognitive, emotional and social growth (O'Connell & O' Connell, 1992). In line with the neuronal studies already discussed, it has also been suggested that spoken language has a measurable effect on the building up of brain circuitry in the developing infant and young child, and that developmental milestones occur in critical or sensitive periods for different aspects of language, with individuals showing

differing degrees of brain plasticity over time (Mills, Coffey-Corina and Neville, 1994).

Bernieri and Rosenthal (1991) postulate that the body may learn the physical manifestations and patterns of speech long before the mind is developed enough to learn the words. They also suggest that the degree of bonding, synchronisation and rapport between a mother and her infant may have a profound effect on a child's cognitive, emotional and social development. Interpersonal coordination, together with emotional positivity and attentional focus make up the experience of rapport, according to Tickle-Degnen and Rosenthal, (1987), and in rapport lies the experiential foundation of empathy. Emotional bonding, and its expression in verbal tones and patterns of language can be said to lay down the foundations of healthy emotional development. Jaffe, Beebe, Feldstein, Crown and Jasnow (2001) showed that infants of four months are already actively engaged in coordinating interpersonal exchanges, and moreover that at this stage the dynamics of preverbal mother-infant interaction in the patterns of sound and silence can differentially predict both levels of attachment and cognitive development at twelve months.

Language Development Within the Family

Linguistic studies have shown the immense complexity of adult language (Chomsky, 1964; de Joia & Stenton, 1980; Halliday, 1976; Sinclair, Jarvella & Levelt, 1978). Eliot (1999) pointed out that Chomsky's (1964) exposition of the universality of human language and the developmental stages of its acquisition clearly indicate that children's linguistic learning is far more complex than the simple behavioural feedback suggested by Skinner (1957). Children pick up complex grammatical sentences without any training, but if deprived of all language exposure

for long enough will be unable to learn and use grammar. Grammar, according to Eliot (1999) resides in the frontal lobe, along with planning, sequencing, logic and rule-learning. A particular language is acquired by the child through a pattern of experience, rather than by individual stimuli/responses, as learning directs the specialisation of the linguistic brain, and this, bounded by a critical period, includes the level of language skill and social communication (Eliot, 1999).

Lukin (2001) has pointed out that the systematic study of living patterns of language and their acquisition in infancy and childhood has distinguished the work of Halliday (1973, 1975), which, while it is not as well known as that of Chomsky, is more widely applicable and more widely applied in a variety of human social issues associated with language.

The Complex Patterns of Language Acquisition

Halliday (1970, in Kress, 1976) pointed out that the structures of language have their origins in the social functions which language serves. Language is fundamentally a system which is organised into a small set of highly generalised functional components, a multiple coding system and further divided into levels or 'strata', which reflect the role of language. In adult use of language, each utterance must be able to be multifunctional, existing simultaneously on ideational, interpersonal and textual levels; an utterance needs to be about something, it needs to express the speaker's stake in the matter, and it must be operational in its own context, either in the 'here and now' or in some second-order context created by the language (Halliday, 1976). Adult language, therefore, functions at once on a number of different levels, which young children acquire and use quite separately ("one utterance - one function"), beginning with sound patterns, which they enjoy at first

without any understanding of the content. Nevertheless, Halliday (1970, in Kress, 1976) recognised four uses of language, each with two or three options, demonstrated by his eleven-month old son. For very young children these include objects of desire ("I want...") with further options of positive and negative ("don't want..."), and the regulatory function of manipulating or controlling another, again with positive and negative options, presence or absence, and dealing with objects ("put it there"). Halliday (1969, in Kress, 1976) described the basic set of language functions for the child as instrumental, regulatory, interactional, personal, heuristic, imaginative and representational, which latter term he thought would have better been called 'informative'. As the child matures, this fairly discrete set of functions is replaced with a much more highly organised, and more abstract but also much simpler adult functioning system with a multiplicity of social uses (Halliday, 1969, in Kress, 1976). It is important to remember, nevertheless, that in the developmental process, language is the primary symbolic system. "A child's construction of a semantic system and his construction of a social system take place side by side, as two aspects of a single unitary process" (Halliday, 1975, p. 121). From this aspect, therefore, parental linguistic style is instrumental in the construction of the child's world view, values and philosophy of life.

Lukin (2001), in applying the approach suggested by Halliday (1969, 1970) has shown the sophistication and complexity of three linguistic stages of learning demonstrated by a six-year old girl who managed to ensure she was given a lolly bag at the end of a small friend's birthday party, without being rude, and without directly asking for one, which her mother had forbidden.

Competent Communication in Childhood

Schwebel and Christie (2001) assert that maturation of the mind in children occurs through the multiple activities of childhood, playing, exploring, eating, observing and above all, interacting with others. Drawing from the views of Vygotsky on mediated learning, these authors point out that children make enormous advances in ability when they understand and use speech. Thought is a sequence of learned verbalisations, according to Vygotsky (1978) (in Schwebel & Christie, 2001), and children's intellectual development is in part a result of the skilled mediation of adults through daily activities. From a number of mother-infant studies, Schieffelin (1983) has documented the ways in which the complex interactive patterns of looking and talking facilitate the child's communicative competence from the age of 16 to 22 months. Parents who respond promptly and appropriately to a child's needs elicit a two-way positive interaction which has been associated with positive developmental outcomes (Schwebel & Christie, 2001). De Paulo (1991) pointed out that even nonverbal skills of behaviour and self-presentation need training by parents, continued practice and refinement throughout childhood, adolescence and later for competence in maturity. Stattin and Klackenberg-Larsson (1993) reported that in a study by Norman-Jackson (1982) it was shown that in families of low socio-economic status, a greater number of verbal interactions among family members and fewer parental discouragements were associated with greater maturity of child's language, while in their own study children whose parents read to them at the age of 3 years had a better comprehension of language than those whose parents did not read to them

The Language of Parenting

The language used by parents as they deal with their offspring particularly from the toddler stage onwards, is generally the kind of language that parents have always used, from the perspective of the person in charge, responsible for the welfare of the children, and frequently from a position of superiority despite the societal changes already discussed. But for many reasons, children growing up in a media-driven world do not identify with a lower status for childhood. One reason is the fact that they are wooed by advertisers (Garbarino & Bedard, 2001), and another, resulting from this, that they often have considerable influence over some aspects of family spending. Young people living in an increasingly adult world also resent the fact that respect is demanded by elders, but often not given to children. This can be readily observed both from what parents say about it, and from what they write down (Wood & Davidson, 1987,1993, 1994/95).

Ginott (1969) believes that conflicts and misunderstandings would be avoided if parents spoke in a different way to their children; he also suggests that adults often misinterpret what young speakers are trying to say. Gordon (1995) points out that parent-child conflicts are often human relations problems rather than psychopathology. His early experiences with difficult youngsters and their parents showed that their problems were largely those of deficits in interpersonal skills: the inability "to communicate openly and honestly, to listen, to resolve conflicts amicably, to establish rules and standards in the home, to show respect for each other's needs, or to make their relationships seem equitable and fair to both parent and child."

Parents and families are still the most important factors in children's development, and the actual language that parents use in interactions with their

children has the potential to inhibit or encourage their emotional and cognitive growth.

Importance of Training for Parents

Prevention of Problems

Advocating a shift from a remedial to a preventive emphasis in professional services, Mace (1983) suggested that the two major functions of a family are to provide a setting for children to develop their highest potential in becoming mature, responsible adults, and to allow people of all ages to find emotional and social security through relationships in which they can live together in mutual love and trust. At the very least, where remedial services are offered, there should be a corresponding effort put into preventive education so that more families can fulfil both of these functions. Wiese and Kramer (1988) believe that school psychologists and researchers would do well to focus on prevention rather than remediation, focusing on the training of broader skills for parental competence in addition to working with the specific concerns brought by parents.

L'Abate (1981,1983,1990) has continuously argued for a frame of reference which includes three levels of prevention. Primary prevention, which is largely education and skills training, deals with "normal" couples and families, who nevertheless need assistance in the management of family problems. Secondary prevention deals with relationships at risk, which may overlap with therapeutic interventions, while tertiary prevention is concerned with problems that are beyond skill training, and which require a specific therapeutic approach. Prevention, according to L'Abate (1981), is just as important, perhaps more important, than treatment, because the numbers of couples and families involved are far greater than

those needing treatment, but their needs are just as real. Most families could benefit maximally by enhancing their awareness of each other, and at the same time improving their problem-solving abilities, their decision-making patterns and their communication.

A similar case was argued by De'Ath (1982). Prevention is cost-effective, innovative and reaches families before serious problems develop. It is best delivered in a collaborative way, with agencies who deliver skills programs and those who specialise in treatment working together, rather than in competition, as usually occurs. Such an approach would save money and avoid misery, but is rarely the chosen mode of service delivery. Sufficient evidence to justify the cost-effectiveness of prevention compared with remediation and treatment has accumulated comparatively recently, and the results show cause for optimism (Spence, 1996). Prevention of psychological problems in children and adolescents therefore should be a priority.

Spence (1996) also points out that a recent shift in the understanding of prevention has been an emphasis on protective rather than causal and risk factors alone, but both must be taken into account in the development of preventive programs. While poor parenting skills are included among the risk factors, early childhood education in social and problem solving skills and parent training skills have been identified as protective factors against the development of mental health problems.

Early intervention for young mothers in at-risk families has shown the benefits of social support and parenting training. A 15-year follow-up of a randomised controlled trial investigating the effects of pre-natal and early childhood home nurse visitation (promoting good health care, competent child care and maternal personal development) to first time mothers from low socio-economic backgrounds found a

dramatic reduction of the rates of serious antisocial behaviour and substance use of their adolescent children compared with controls (Olds, Henderson, Cole & Eckenrode et al., 1998).

The Need for Parent Training

The social implications of family competence are far-reaching, yet for the generations since World War II there has been very little training for parenthood. Where large families and extended families once provided knowledge and support for young parents, during this time there has been comparatively little systematic preparation (Alvy, 1994; Anastasiow, 1988; Pugh & De'Ath, 1985; Silcock, 1979). Indeed Alvy (1994) believes parent training to be now a social necessity. Anastasiow (1988), arguing for mandatory parent training, notes that particularly with poorer, less educated parents, the potential is high for producing children who are even more disadvantaged in both health and education. The economic cost of such an intervention is considerable, but it would be far outweighed by the economic and social gains made through the provision of parent training.

The seriousness of the situation has been recognised in Canada, where due to the efforts set in motion by the Early Years Task Force Study undertaken for the government in Ontario, early childhood centres have been established to teach parents, especially those at risk, how to acquire parenting skills (McCain & Mustard, 1999). This move has been seen as imperative, because of the rapidly mounting neurophysiological research that shows the early years as absolutely crucial for raising children to be competent members of society. Emotional competence is also seen by Goleman (1996) as preventive. Emotional self-regulation and empathic responses can be built up from infancy onwards, but it has to be borne in mind that

children's emotional and cognitive as well as biological growth proceeds and matures over time, with varying needs throughout development. A more adaptive style of parenting is urgently needed, because the present generation of youngsters is more troubled than ever before, with increases in alcohol and drug abuse, crime, depression, eating disorders and youth suicide, an assessment echoed by Rutter, Giller and Hagell (1998) in the UK, and in Australia by Stanley (2001).

While it has been established that parenting style in the early years has a lasting effect on human development, which is particularly concerning for disadvantaged families, it should not be assumed that lack of parenting skills is irremediable or that later years are less important. Even mothers with intellectual disability can be trained in child care skills (Feldman, Case, Garrick, MacIntyre-Grande, Carnwell, & Sparks, 1992; Feldman, Towns, Betel, Case, Rincover & Rubino, 1986). Resilience has been shown in young children who have survived extraordinarily adverse circumstances, and brain development is a continuous process (Kagan, 2000). For children with either early-onset antisocial behaviour or hyperactivity or both, a good outcome has been associated with positive family features, including absence of expressed negative parental feelings (Rutter, Giller & Hagell, 1998). Parent and child training has been shown to prevent the early onset of delinquency in disruptive kindergarten boys from low socio-economic areas (Tremblay et al., 1992).

The Importance of Training Parenting Style

There is considerable difference between families that are reasonably competent and those who are dysfunctional. Parents in the latter category have been shown in numerous studies to have benefited from behavioural interventions and

training in order to establish boundaries where family management is out of control. On the other hand, the qualities which need to be fostered for children's competency and maturity, and the need for parents to understand and encourage their development have been shown to be critical for the prevention of the severe social problems which confront families today. Gordon (1983) has argued that a radical change in parenting attitudes, language and style of interaction with children is essential to cope with these problems, yet our current responses remain poor (Stanley, 2002). Parenting styles which take into account the importance of emotional development must be included in training and made widely available.

In summary, changes occurring in the last fifty years have had a major impact on families. Social and legal changes have affected the relationships of parents and children, television and computers have changed the patterns of family life, while workplace changes and economic uncertainty have increased family stress and the need for coping skills. At the same time, multidisciplinary understanding of child development has highlighted the need to foster children's emotional growth through parenting practices which emphasise both affection and competence. Clearly the context of parenting has changed from that of the previous generation, and with the possible exception of dysfunctional families, there is a need to move away from a primary emphasis on discipline and obedience towards a more flexible style of management, prioritising instead an emphasis on relationship enhancement and the teaching of coping skills. Ginott (1969), Gordon (1976), Gottman (1997) and Porter (2001) have all advocated a style of parenting that is based on interpersonal skills, the needs of the child as well as the parent, and a collaborative approach towards solving the problems and conflicts that inevitably arise in family life. Parents do not always have the necessary skills, and it is important that parent training should be available at

a suitable level for all families, at whatever stage they seek it, and that information and evaluation of all types of program is available and kept up to date. Chapter 2 will examine the kinds of parenting programs available in Australia.

CHAPTER 2. PARENTING PROGRAMS IN AUSTRALIA

The Effects of Ecological Changes on Parenting

At the beginning of a new millennium, family life and parenting practices are not working for many parents in the way they had hoped, and this is occurring in families with younger and younger children (Marwick, 1998). Changes in the context of family life clearly require an adaptive approach for raising children effectively, a position which has been argued by innovative psychologists and thinkers for several generations (Adler, 1914/1986; Dreikurs & Soltz, 1964; Ginott, 1961, 1969; Goleman, 1996; Gordon, 1970, 1975,1976,1980,1989,1995; Gottman & Silver,1999; Kohn, 1999; Porter, 2001).

Intervention as a Means of Change

Some families need clinical intervention, which has generally been seen as family therapy (Bloch, Hafner, Harari & Szmukler, 1994; Gurman & Kniskern, 1981-1991; Kramer, 1985; L'Abate & Young, 1987; Richter, 1993), or behavioural parent training (O'Dell, 1974; Patterson, 1971; Sanders, 1996; Sanders & Markie-Dadds, 1996) but many who do not have clinical problems are frustrated with received parenting practices that seem outdated and unworkable. They are anxious to find a way of interaction that will provide a more satisfying home life and meet their responsibilities for children more successfully (Wood & Davidson, 1994/95).

There is interest, particularly among middle class parents, in joining parenting classes in order to gain knowledge both of child development and family management, but Sanders (1997b) has noted that no more than ten per cent of families in Australia have had any form of parent training. Since parenting styles affect the

emotional abilities of their offspring, (Goleman, 1996; Prior et al., 2000), and parents are instrumental in the way their children mature (Baumrind, 1980; Prior et al., 2000; Pryor & Rodgers, 2001; Pryor & Woodward, 1998; Resnick et al., 1997), it is important that they understand the capabilities of family strength, the changing needs of children, and the qualities that must be fostered. Family socialisation is an exceedingly complex, multifaceted process, occurring through modelling, reinforcement, coaching and labelling, (that is, providing the actual words to describe, for example, feelings or happenings) (Halberstadt, 1991).

The family appears to be under stress in the present age more than ever before, due to factors such as economic uncertainties, changing standards and expectations, and the ambivalence forced on parents through the lack of definition of appropriate role behaviour. An important intervention could be found in the provision of parenting education with a focus on interpersonal relations rather than on more traditional understandings of the family in society (McKenry & Price, 1994).

It is also crucial that both parents and educators are aware of the key ways to encourage and support the emotional wellbeing of young people. Within the family, the dynamics of interaction between parents and children not only determine the likely outcome of each encounter but also construct the context in which they live (Baumrind, 1980; Eastman, 1989; Edgar, 1999; Gordon, 1989; L'Abate, 1990; Mace, 1983; O'Connell & O'Connell, 1992). Tremblay, Larrivee and Gregoire (1985) showed that child and parent characteristics considered together can be used to account for more of the variance in a parent's behaviour with his/her child than if either is assessed independently.

The Emergence of Parenting Programs

Various parenting courses with differing orientations and philosophical backgrounds have been developed over the past three decades, mainly in North America, and there has been extensive evaluation as well as a good deal of outcome research. To the ordinary parent, searching for practical advice among the myriad available publications, the differences may not be readily apparent. In the light of the current understanding of child development and family competence, it is appropriate to consider the different approaches they offer in the areas of emotional training, respect, appreciation, assertiveness, negotiation and problem solving in leading to the prevention of problems. An understanding of the content and aims of each program will enable assessment of their ability to provide parents with the training they need to foster these qualities. This will be the main focus of this chapter.

Programs Available in Australia

In Australia there has been considerable interest in parent education over the past decade. Parent education has been seen as one way to prevent child abuse and domestic violence but also as a means of giving normal parents some understanding of child development and sufficient competence in child management to reduce family stress (Tomison, 1998). Local councils and community health centres often work with parents, particularly those under stress for various reasons, with social workers and community health nurses giving short courses to small local groups. Information and skills are targeted to specific needs, generally at a basic level, with individual workers putting materials together in a fairly eclectic fashion. Non-government organisations such as Anglicare, Centacare and Relationships Australia

also provide parenting courses at varying levels as the need arises. The non-government organisations raise their own funds and also receive government funding. The federal government website *Relate* lists 141 agency centres in major towns across Australia which offer parenting and relationship education and support through numerous organisations, some local and others nationwide. Of these centres, 23 are run by Anglicare, 13 by the Anglican Family Service, 53 by Centacare (a Catholic family welfare organisation), and 22 by Relationships Australia. They also sponsor courses of the major parenting program packages such as PET (Gordon, 1976) and STEP (Dinkmeyer & McKay, 1976) generally on an ad hoc basis. The Australian parenting program Triple P (Sanders, 1996) is provided to parents through its own organisation, the Parenting and Family Support Centre (PFSC) which is a specialist family intervention research and training facility in the School of Psychology in the University of Queensland. As such it receives specific government funding. It has also sought and obtained a large amount of corporate sponsorship, and has negotiated a contract with Queensland Health, a state government department, to deliver Triple P. The Annual Report of the PFSC (2000) points out that its primary research and clinical activities revolve around its Positive Parenting Program (Triple P).

The major parenting programs noted above also fall into three different categories, behavioural, Adlerian and humanistic. The behavioural approach is represented by the Positive Parenting Program (Triple P) (Sanders, Markie-Dadds & Turner, 1996). The Adlerian approach, which combines communication and management techniques is presented in Australia as Systematic Training for Effective Parenting (STEP) (Dinkmeyer & McKay, 1976). The parent-child relationship is the primary focus of the humanistically based Parent Effectiveness Training (PET) (Gordon, 1976). There are distinct differences in each of these programs.

Interestingly, each ultimately derives from a separate twentieth century movement which was originally established in the clinical area, subsequently developed for non-referred populations for prevention of problems, and brought into prominence mainly after World War II:

1. Triple P from behaviour modification (Eysenck, 1960; Skinner, 1953, 1971; Watson & Rayner, 1920; Wolpe, 1969) and Learning Theory (Bandura, 1969; O'Dell, 1974; Patterson, 1971)
2. STEP from individual psychology (Adler, 1914/1986; Dinkmeyer, 1986; Dreikurs & Soltz, 1964)
3. PET from humanistic psychology (Jourard, 1964, 1971; Maslow, 1943, 1970; Rogers, 1961; Rogers & Dymond, 1954) and the philosophy of education, including the theory of inquiry and creative problem solving (Dewey, 1933, 1938).

A Comparison of the Three Parenting Programs Most Widely Available in Australia

The three parenting programs most widely available in Australia are Triple P, STEP and PET. Triple P is disseminated through the Parenting and Family Resource Centre (PFSC), which was established in 1996 as a specialist family intervention research and training facility within the School of Psychology at the University of Queensland. The PFSC has developed a nationally coordinated system of training and accreditation for practitioners in each of the five levels of family interventions. It also collaborates with other similar research groups throughout the world. In Australia, Triple P is available in Queensland, New South Wales, South Australia,

Victoria and Western Australia. Practitioners have also been trained in New Zealand, Germany, the United States, Scotland and Singapore. Between 1996 and 2000 more than 27 substantial grants of funding were obtained for the work of the Centre from both government and private sources. In Queensland in 2000, approximately 100 group programs were run each quarter, involving more than 850 parents.

STEP in Australia is available through the Australian Council for Educational Research (ACER), a national educational research and development agency, which was established in 1930 as an independent, nor-for-profit company. STEP, which is published by the American Guidance Service, is distributed through ACER Press.

In response to an inquiry, ACER Customer Service reported in 2000 that it usually sells 3-4 Instructor kits per year Australia-wide, and approximately 350 parent handbooks. In 2000, the agency also supplied 125 Early Childhood STEP handbooks and 110 for STEP Teen. There are no figures for the number or location of courses conducted in any one year. There is no instructor training, although in practice, instructors tend to come from schools and educational institutions which hold the kits in their libraries.

In Australia, PET, developed in America by Thomas Gordon, is available through the national provider, the Effectiveness Training Institute of Australia (ETIA), which is a non-profit umbrella organisation comprised largely of representatives of the various state instructor associations, including those in the Australian Capital Territory, New South Wales, Queensland, Victoria, Tasmania and Western Australia. ETIA is responsible for training and accrediting all instructors, to whom it supplies course materials, including the Australian PET Workbook (Wood, 1997), which has been used exclusively since 1998. It was developed by the present

author as a foundational part of the current study, and in response to repeated requests from instructors and parents who found the American version culturally inappropriate.

The Australian Workbook is now in its second printing of 3000 copies, and has reached approximately 1000 parents each year Australia wide. It has also been used for the past two years in Canada (over 500 copies supplied), the UK and Hong Kong. The program, which divides neatly into skill modules, has undergone a rigorous evaluation for national accreditation with VETEC (Vocational and Educational Training and Employment Commission) offering transportable qualifications for those parents who seek them and who fulfil the necessary requirements. PET is therefore a competency based training, appearing on the national database with ETIA as a Registered Training Organisation. PET is currently available in 21 countries world-wide, in 28 languages, with varying provider arrangements from Gordon Training International in Solana Beach, California.

Evaluations of Parenting Programs

The three categories of program have been evaluated together in the literature as reviews (Alvy, 1994; Dembo, Sweitzer & Lauritzen, 1985; Krebs, 1986; Levant, 1983; Wiese & Kramer, 1988), and as comparison studies (Schultz, 1981; Schultz & Nystul, 1980; Schultz, Nystul & Law, 1980). All three categories have been shown to be effective in achieving the results they claim for the parent groups to whom they are taught (Alvy, 1994). The specific programs, Triple P, STEP and PET have each generated a body of literature, including a series of empirical studies of the first and a considerable number on STEP and PET. Both PET and STEP are educational courses, mostly targeting self-selected parents and utilising the dynamics of group

presentation (Bion, 1959; Gordon, 1955). Triple P has mainly been concentrated on remedial work at various levels with clinical populations, but is now engaged in the production of community based programs delivered by health professionals other than psychologists, and is intended to be available at a population level (Sanders & Markie-Dadds, 1996).

Behavioural Parent Training

The traditional approach of behaviour modification for problems of children's behaviour has generally been one of interventions by professional workers such as psychologists, psychiatrists and social workers (Griffin & Hudson, 1980), chiefly with the children as the target. It came to be recognised that both parents and the home environment were implicated in the generation and maintenance of maladaptive social behaviours (Patterson, Reid, Jones & Conger, 1975; Wahler, Winkel, Peterson & Morrison, 1965), and that parents themselves could benefit from training, even ultimately acting as therapists for their children (Berkowitz & Graziano,1972; Forehand & Atkeson, 1977; Wahler, 1967). Wahler and Erickson (1969) advocated treating the child within the immediate environment (whether family, school or outside) following the principles of reinforcement theory, with parents, teachers and peers if necessary being trained in modification techniques. The strong emphasis on behavioural parent training at this time has resulted from the rapid growth of behavioural psychology and the development of the experimental paradigm of Watson and Skinner. Wiese and Kramer (1988) in a review of empirical investigations of direct parent training from 1975 to 1985, pointed out that 66% of refereed articles on the topic appeared in behavioural journals, 26% in clinical and counselling journals

and 6% in journals of special education. Little research was directed at parents of normal children, and little was appearing in school psychology journals.

Following the principles of operant conditioning (Skinner, 1953, 1971) and learning theory (Bandura, 1969), behaviour modification uses positive reinforcement to elicit desired behaviours, and techniques such as ignoring, time-out and deprivation of rewards to discourage undesirable behaviours. The focus is on actual behaviours in present time and the elimination of circumstances causing their occurrence or maintenance. Parent training is described as a number of specialised procedures within this framework (Patterson, 1971; Salzinger, Feldman & Portnoy, 1970; Thomas, 1974). Skinner (1957) classified spoken interactions as verbal behaviour, with stimulus, response and reinforcement contingent upon each other, and open to be controlled exactly as any other behaviour.

Behaviour modification is effective and often necessary for remedial work and clinical intervention, and can be done individually or in groups. In family interventions, it is not primarily concerned with the development of relationships, but the parent is taught that the techniques should be applied in a warm and understanding social climate (Rose, 1974; Sanders, 1996). Rose (1974) suggested that while parents cannot be taught warmth as such, feelings can best be changed by changing the behaviours associated with them. He contended that the satisfaction of parental success in the achievement even of small steps in a clearly articulated behavioural program could result in appropriate feelings of warmth.

Hudson and Griffin (1980) point out that the therapist's interpersonal skills and display of empathetic appreciation of the parents' situation play an important part in the success or failure of remedial programs. Nevertheless these authors contend

that the process is essentially empirical and remedial, treating individual cases by applying psychological findings in relation to human learning.

Positive Parenting Program - Triple P

Triple P was developed through twelve years of research and assessment at the Behaviour Research and Therapy Centre, which was founded in 1982 as a joint venture between the Departments of Psychology and Psychiatry at the University of Queensland. It is currently administered, presented and continually researched by a team of psychologists at the Parenting and Family Support Centre at the University, under the direction of Professor Matthew Sanders.

A Multi-level System of Family Intervention

Triple P provides a comprehensive multi-level system of family intervention to address a wide range of parents. A media information campaign is used to reach families at a population level, and the next levels target first parents of children with mild behaviour problems, and then those with children at-risk with more severe behavioural problems. The focus is mainly one of professional intervention, comprising behavioural training based on social learning principles, using the least necessary intervention to reach the desired outcome, and claiming to have the strongest empirical support of any intervention with children, particularly those with conduct problems (Sanders, 1999). A feature of Triple P has been the multidisciplinary approach, encouraging the participation and training of community health professionals in the delivery of clinical family interventions and training medical practitioners in parent consultation skills using Triple P.

Interventions for Behavioural and Emotional Problems

Triple P also provides group training courses (Markie-Dadds, Turner & Sanders, 1996). As a behavioural program it is particularly suitable for remedial purposes, but it is equally applicable to children with normal everyday problems (Sanders, 1999), and is advocated also for prevention (Sanders & Markie-Dadds, 1996). Cognitive-behavioural training has developed a variety of well-validated interventions for assisting children and adolescents with behavioural and emotional problems (Sanders, 1997a), but it is extremely important to provide access to interventions for more than the 2% of children with identifiable clinical problems who up to this point have received treatment from mental health specialists, according to the Western Australian Child Health Survey (Zubrick & Silbern, 1994). Sanders (1997a) cites the lack of services for rural and minority groups, for preventive strategies, for research into effective methods of disseminating empirically validated treatments, and the need for multidisciplinary approaches to all these problems. Triple P has developed a nationally coordinated system of training and accreditation for practitioners in health, education and social welfare.

Problems of Normal Families

A textbook for parents (Sanders, 1996) and a series of Triple P Tip Sheets for parents address the normal family problems of infants, toddlers, pre-schoolers, older children and the parents themselves. Clear, concise instructions are given in the Tip Sheets for parents, together with friendly advice on the implementation of behavioural management tactics in varied situations. The emphasis is on coaching good child behaviour through clear teaching by the parents, explaining what is expected ahead of

time, using positive reinforcement, and avoiding negativity. Parents are advised to encourage children's own cooperation and problem solving where possible.

Clinical Interventions

The Triple P approach for referred families deals with parents and pre-adolescent children specifically on a behavioural level, using the same well validated child-management skills such as clear, calm instruction, logical consequences for misbehaviour, planned ignoring, quiet time (non-exclusionary time-out), and timeout (Sanders, 1999). Reward and punishment are part of the behavioural management system, but reinforcement such as praise, star charts, smiley face stickers or other small rewards is preferable for achievement of behavioural goals, and parents are cautioned against unintentionally rewarding unacceptable behaviours (Sanders, 1996). Methods for training parents include modelling, rehearsal, emotionally supportive feedback and homework tasks. Video presentations are utilised to show positive parenting skills. Parents are taught to use the naturally occurring daily interactions of family life to train their children's language, social skills, developmental competencies and problem solving skills in an emotionally supportive context, that is using clear, calm instruction, framed in a positive manner, and avoiding coercive and ineffective methods of discipline such as shouting, threats or physical punishment. Assertive discipline is included, such as making ground rules for particular situations, discussing rules with children, and using logical consequences for misbehaviour as well as quiet time, timeout and planned ignoring. Marital communication skills are included in a more intensive level of intervention, where parents are taught to understand how their own emotional condition affects their parenting and

consequently their children's behaviour. They are also taught coping skills for management of depression, anger, anxiety and stress.

Disadvantaged Families

Where children are severely oppositional, where families are not functioning well and are out of control, a remedial program is obviously indicated, and the behavioural program is necessarily one of regaining control. For the choice of program for particular parents, not only the parent's objectives for training need to be assessed, but also the levels of skill and education. A positive program of control may appear to be the only comfortable option for parents with considerable deficits of skill or education, or for those of very traditional, culturally conservative or disadvantaged backgrounds.

Research in Triple P

The importance of parents' self-management in relation to the maintenance and generalisation of parenting skills once acquired was early emphasised in the research (Sanders, 1984; Sanders & Glynn, 1981; Sanders & James, 1982), and is a current feature of Triple P (Sanders, 1999). In a comparison study investigating the effects of child management contingency training and planned activities training in five different situations at home for parents of oppositional children, Sanders and Christensen (1985) found that the children improved with both treatments, showing no difference from a social validation group of nonproblem children. The parents in both treatments showed a decrease in aversive behaviour. It was suggested that planned activities training (advance planning, avoidance of rush, pre-establishment of

rules, role-play and rehearsal of correct behaviour) may provide some important educational and relational skills for parents using child-initiated interactions to teach language and social skills to children, and to engage their interest.

Sanders (1999) has asserted that Triple P studies provide a body of methodologically sound evidence-based outcomes. Nevertheless the following studies provide interesting examples of possible shortcomings. Both use control groups, random assignment to groups, and a wait-list control, the "gold standard" of experimental design discussed recently by Robson (2002), who pointed out that in the real world such investigations are not necessarily ideal for the assessment of complex and sensitive issues in human behaviour. According to Robson, they may even transgress ethical boundaries where very troubled participants are deprived of choice and timing in treatment. Flexible and qualitative approaches may be preferable in teasing out real issues, and more successful treatments may be found using quasi-experimental designs (Robson, 2002).

Connell, Sanders and Markie-Dadds (1997) investigated the effects of a self-directed family intervention for parents of 2-6 year-old oppositional children in rural and remote areas. The program was based on self-regulation principles, and consisted of a written information package together with weekly telephone consultations for ten weeks. Parents were randomly assigned to the treatment and to a wait-list control. Compared with the control group, the trained parents reported greater levels of competence and fewer dysfunctional parenting practices following treatment, and mothers reported lower levels of anxiety, depression and stress. At a 4-month follow-up, improvements in child behaviour and in parents' practices and emotional states were all maintained, according to mothers' reports.

While the settings for this study pose the considerable difficulties of distance, it should be noted that there are also difficulties of assessment in that the treatment consisted of a self-administered information package (together with the ten weekly phone calls) which all may have been understood differently by the participants, and also that the outcome measures are all self-report. It is important, as far as possible to have some objective assessment to balance self-report measures. As to the question of treatment delay for the wait-list control, those participants in rural and remote areas would presumably have continued with their pretest levels of anxiety, depression and stress for at least four months.

In the next study, three levels of the Triple P Positive Parenting Program were compared by Sanders, Markie-Dadds, Tully and Bor (2000). The families of 305 preschoolers at high risk of developing conduct problems were randomly assigned to the enhanced, standard or self-directed Triple P programs, or a wait-list control. Following the program, the families attending the practitioner-assisted enhanced and standard programs showed lower levels of parent-reported disruptive behaviour, lower levels of dysfunctional parenting, greater parental competence and more consumer satisfaction than those in either of the other two conditions. The children in the enhanced level showed greater reliable improvement. At a 1-year follow-up, children in all three conditions showed similar levels of clinically reliable change in observed disruptive behaviour. Although this study is better designed than the first in using both self-report and behavioural observation as outcome measures, the problem of minimal or delayed treatment remains. Parents in both the self-directed Triple P participants and the wait-list control reported less improvement in children's disruptive behaviour and less satisfaction with their treatment. Here the families with pre-schoolers at high risk of developing conduct problems are denied early treatment

for a condition in which timing may be crucial. Robson (2002) has pointed out that such a situation raises a considerable problem for researchers.

Assessment and Validation

Empirical validation of the techniques used, and outcome evaluations are regarded as crucially important in behavioural research, both because of the critical need for effective clinical interventions and for on-going financial support from government and community. Behaviourism is founded on the importance of demonstrating successful change from maladaptive to adaptive behaviour through objective scientific investigation. It is interesting to note that in the pursuit of scientific method (Robson, 2002) the language used in the presentation of Triple P's outcome reports is heavily weighted with terms such as "evidence-based" and "empirical support" with the implication that other paradigms have little value. It is important to note once again that the evaluation and quantification of separate behaviours present fewer methodological problems than do those in the area of complex emotional and relational interactions (Eastman, 1983; Gurman & Kniskern, 1981, 1981-1991, Robson, 2002).

Behaviours rather than emotional and relational problems are the focus of behavioural training. While the importance of maintaining a positive atmosphere in the training and application of particular skills is part of behavioural parent training, the focus is necessarily on concrete behaviour change, and it is expected that emotional problems will be improved along with behaviour. As an example, one study from the PFSC, "whose primary research and clinical activities revolve around Triple P" (Parenting and Family Support Centre Annual Report 2000, p.5), used

cognitive behavioural treatment for families with children reporting recurrent abdominal pain (RAP).

Sanders, Cleghorn, Shepherd and Patrick (1996) investigated the role of children's pain history, their coping style and their mothers' caregiving, and the type of treatment, (behavioural or paediatric) as predictors of improvement in children with recurrent abdominal pain (RAP). They found that children with the greatest pain reductions on the child's pain diary at the 6-month follow-up were those with a stress-related mode of onset (as compared with an illness related onset), those who received cognitive behavioural family intervention (as compared with standard care, mainly reassurance), and those whose mothers used more adaptive caring strategies such as encouraging the children to deal with the pain themselves and minimising attention following pain complaints. The study is reported as an example of a behavioural approach to an emotional problem, in which the main outcome of treatment for stress-related recurrent abdominal pain appears to be the extinction of the children's pain reports. This outcome raises questions about the adequacy of behavioural treatment in dealing with such psychogenic problems in the light of recent understanding of the salience of children's emotional health and training. Is the inference to be that if pain reports have been extinguished, then the concomitant emotion has also been extinguished? Damasio (2000) has pointed out that pain and the emotion associated with that pain are clearly not one and the same.

Ralph (2002) has recently reported development of *Triple P for Teens* as an important extension of the behavioural program. The teen program, now being trialled in Brisbane schools, emphasises positive relationships and recommends family meetings for negotiation and problem solving. With respect to emotional problems, parents are advised to deal appropriately with teenage emotions, to listen to

and acknowledge them, and to respect the growing autonomy of the adolescent. A key suggestion, which highlights the behavioural approach, is to *separate* emotions from the problem solving (italics added).

The question of the importance of emotional training exposes a core difference between the three parenting programs, Triple P (Sanders, Turner & Markie-Dadds, 1996), STEP (Dinkmeyer & McKay, 1976) and PET (Gordon, 1976). All three are further distinguished by differences in the issues of power and control. The next section will examine the underlying philosophy and historical development of STEP and PET.

An Adlerian Program - STEP

The Systematic Training for Effective Parenting (STEP) program (Dinkmeyer & McKay, 1976) is based on the child-rearing philosophy of Alfred Adler, which was subsequently expanded and updated by Rudolf Dreikurs in the US (Dreikurs & Soltz, 1964).

Alfred Adler in Vienna

A contemporary of Freud, Alfred Adler was a physician and psychiatrist before World War I in Vienna. He founded his own school of therapy, one which was cognitive-behavioural in today's terms rather than psychoanalytic. His main object was to help individuals, families and communities to achieve more effective social living. To this end he worked with parents, teachers and children both as a psychotherapist and educator, offering them knowledge and skills. Early in the twentieth century Adler established over 40 child guidance centres in Europe, mainly

in Austria and Germany, where he was assisted by his student and later colleague Rudolf Dreikurs. Unfortunately these centres were forced to close when Hitler came to power, and subsequently both men fled to the United States (Christensen & Thomas, 1980).

Intergenerational Maladaptive Patterns

Adler had earlier recognised that many of the ills of society could be traced to faulty upbringing in the family, often as a result of the transmission of cultural patterns, education and language style from one generation to the next. He pointed out that this can clearly be seen in impoverished and disadvantaged families. He also emphasised that each individual could only be understood as existing within a social environment continuously exerting its own social pressures and expectations. Therefore it must be understood that the small world of the family and children's development within it will always be tied to what is happening in the wider society (Adler, 1986). Garbarino and Bedard (2001) similarly point out that parenting is always related to and must take account of the social context.

Adler (1986) maintained that each person lives a purposeful life, aimed at achieving significance within his or her particular environment, and this includes emotional characteristics, temperament, sex and place in the family. Problems arise often because people choose maladaptive ways of reaching their goals. The most serious mistake that parents or others can make is to rob a child of his belief in his ability to overcome whatever difficulties will inevitably come his way, and this can happen when autocratic parents insist on submission and unconditional obedience. Some children learn to change faulty beliefs through the influence of school, or

through other people when they go to work, but others need professional help, such as that offered by Adler's development of Individual Psychology (Adler, 1986). Adler believed that the tasks of psychotherapy and education were to help the individual, and to educate the community towards more effective social living. With children Adler used a problem solving technique to help them recognise they were pursuing mistaken goals (Christensen & Thomas, 1980).

Further Development of Adlerian Ideas

In the United States, Dreikurs refined and expanded Adlerian concepts, developing a system of democratic conflict resolution for the family, and explaining his ideas in a way that would appeal to American parents (Dreikurs & Soltz, 1964). Tracing the history of child-rearing practices in the US, Dreikurs pointed out that most of them originated in a European feudalistic system that was almost exclusively autocratic, based on superior-inferior interpersonal relationships, and endorsed by both political and religious structures. Hence children were taught "to know their place" and "to show deference to their betters". But, Dreikurs insisted, the emergence of the democratic social system and the pervasive striving for social equality had affected Western culture in its entirety, including its children. The result was that parent-child interactions using reward and punishment, and talking down to children from a position of authority no longer worked as once they did, a pattern which could be seen in family after family across the social spectrum (Christensen & Thomas, 1980). Equality in this sense did not mean that children were the same as their parents, but implied that they had equal value as persons. Since reward and punishment were no longer effective, Dreikurs proposed that a system of logical consequences could be used as a corrective procedure (Dreikurs & Grey, 1968).

Dreikurs, like Adler, believed that the best way of helping parents to recognise that the family environment had radically changed lay in education and not in psychiatry. New responses were needed to address the problems of child management, and the only way to achieve this satisfactorily was through parent training. It was important to show that the goals of child-rearing in an egalitarian society were very different from those of the traditional autocratic family where compliance without question was the norm.

Dreikurs and Soltz (1964) suggested that in this changed society children needed training in responsibility and self-control, which required understanding, encouragement and motivation of appropriate behaviour on the part of the parent, rather than control and insistence on obedience, an insight recently confirmed by the findings of the Australian Temperament Project (Prior et al. 2000).

According to Dreikurs (1947), the four goals of children's misbehaviour (whether or not they are conscious of them) are attention, power, revenge and the display of inadequacy. He believed that attention is sought by children for reassurance that they belong in the family, while power is used as defiance of parental power. Revenge is sought for unjust treatment, and inadequacy is shown in order to elicit help. All, he suggested, are maladaptive ways of acquiring security and worth. However Dreikurs and Soltz in 1964 insisted that although the principles of child raising no longer depended on power and control, they still required firmness and consistency on the part of the parent.

Respect and Logical Consequences

According to Dreikurs and Soltz (1964), parental encouragement of routine was essential, and respect for order and the rights of others very important. This

should also include respect for the child, who should be talked with, not talked to, in a pleasant tone of voice, even when giving firm directions. Parents should always follow through with instructions, and should also be consistent. Instead of attracting rewards and punishments, children should be taught that their mistaken actions resulted in natural and logical consequences - if these were unpleasant they would learn to avoid them. Expanding this idea, Gilbert (1986) explained that logical consequences in this view arose from social reality rather than parental action and they related logically to the misbehaviour. They contained no element of moral judgement, and were to be applied in a respectful manner, concerned only with what would happen following the child's choice of action, i.e. the misbehaviour.

Family Conflict Resolution

Dreikurs and Soltz (1964) also emphasised the importance of listening to children - suggesting that if parents would listen, and not discount children's ideas, they would discover that children make excellent and practical suggestions. Finally, following Adler, Dreikurs and Soltz (1964) pointed out that the weekly family council provides a great opportunity for parents and children to solve family problems as well as to enjoy time working together. Dreikurs had developed a system of democratic conflict resolution for use in family therapy, the school and the workplace (Christensen & Thomas, 1980). Dinkmeyer (1986) explaining in his own words that Adlerian family therapy has an educational component, suggested that four steps were useful in family conflict resolution procedures:

1. Show mutual respect by listening carefully and acknowledging that the other person has a point.

2. Pinpoint the real issue. Identify the priority that seems to be dominant, whether it be status, prestige or the need to control.
3. Seek areas of agreement by concentrating on what the individual is willing to do, making no demands that other members of the family change, and agreeing to cooperate rather than fight.
4. Mutually participate in decisions where all feel they are a part of the decision-making process.

Development of STEP

Dinkmeyer and McKay (1976) utilised the principles outlined above in developing Systematic Training for Effective Parenting (STEP), and added a presentation of the communication skills which they acknowledged had been developed by Thomas Gordon (1970) in Parent Effectiveness Training (PET). Both authors had in fact taken PET instructor training (Gordon, personal communication, 1998). The program is nevertheless essentially Adlerian, with an emphasis on the need to accommodate to current changes in the parenting environment by a shift in the use of parental power, rather than by the focus on relationship which is the prime concern in PET. STEP focuses on the reasons behind children's non-compliance, and proposes parent-initiated controls to manage it, including the use of natural and logical consequences for misbehaviour. Dinkmeyer and McKay (1976) point out that full use of the program requires participation in a STEP study group convened and presented by a leader. There is, however, no requirement for training or accreditation of the presenter.

The STEP Program

The program begins by exploring children's behaviour and misbehaviour in an egalitarian world, and explaining the Adlerian examples of attention and power seeking, revenge and the display of inadequacy. Misbehaving children, it suggests, are in reality discouraged children. Parents are advised that time and effort are needed to build mutual respect, to encourage good behaviour, demonstrate affection and set up enjoyable family interaction.

A discussion of emotions in STEP suggests that people's emotions are tied to their beliefs about the world. Examples are parents' beliefs that their anger and annoyance serve as a mechanism of control, or that children learn to use their emotions to achieve one or more of their four mistaken goals. Once parents realise that they do not have to be controlling they can avoid being reactive and can start to positively influence their children. It is pointed out that emotional self-control is part of maturity.

The communication skills presented in STEP include reflective listening, I-Messages and problem ownership, although they are not taught in depth as in PET. Parents are warned against using sarcasm or labelling, and are advised instead to communicate always with respect, and to be ready to acknowledge the fact when they do not know something, or have made a mistake. Following a discussion of reward and punishment as a disciplinary method, and its disadvantages, STEP presents the alternative system of using natural and logical consequences to motivate children towards making responsible decisions. Examples show parents how consequences can be applied and in what situations. Finally the family meeting is suggested as a useful tool, with guidelines for its various functions, together with a chart of the main

points to remember about democratic and positive parenting, and a table of self-defeating beliefs for parents to avoid.

Throughout the program, STEP is presented in a consistent format, offering clear explanations, easily understood charts and *Points to Remember* about each of the concepts discussed. Each week parents have a personal assessment page in their handbook to record their progress, learning and areas of concern.

Research into the Outcomes of STEP

Interest in STEP has recently focused on the mental health outcomes for the children of parents who have taken the course, and a recent study has shown STEP to have benefits for parents whose children were attending a psychiatric day hospital for clinical treatment. Snow, Kern and Penick (1997) showed STEP to be useful in enhancing the treatment effects on 119 mentally and emotionally disturbed children and adolescents, when their parents attended by choice a STEP course as part of the treatment program. Participants whose parents chose the standard program without STEP, attended their treatment program on average for seven weeks only, whereas those whose parents were involved in STEP stayed in the treatment program for the entire 12 weeks. While the STEP program was shown to be effective as a therapeutic intervention for families, the retention rates of parents who participated were a matter of some importance and were not investigated (Snow, Kern & Curlette, 2001). In a second study, therefore, these investigators attempted to predict which parents might not complete the course using scores on the Adlerian Scales for Interpersonal Success. They found that participants who scored highly on the Entitlement scale were more likely to terminate prematurely than those who did not score highly.

Adams (2001) investigated the effect of a STEP program in which parents focused their skills training on a particular child. Thirty-nine parents completed the training, and compared with a control group of 35 parents who received routine mental health services, reported more improvements in family functioning, including problem solving, communication, affective responses and behaviour control. This study would have been more persuasive if there had been measures other than self-report alone.

In an exploratory study of non-clinical families, Sharpley and Poiner (1980) showed that STEP provided parents with an effective means of learning to interpret their children's behaviour according to the theoretical approach of the program. Furthermore the parents who completed the measures used had significantly changed their cognitive responses in regard to typical child raising problems.

Allan (1994) studied the effects on ten parents of a STEP program in middle-class suburban Melbourne. The parents reported that they got what they wanted from the course, one saying that getting some good ideas about parenting was a sufficient help. Others reported being able to understand and manage their children's behaviour better, being able to control their own angry reactions, and generally becoming more reflective. The use of I-messages and reflective listening were considered helpful, but one parent found difficulty with the examples of the latter, saying she simply did not talk like that. One father thought the program was too prescriptive, (the "little set formulas" and "little neat boxes") and felt it was a bit like "psychobabble, or pop psychology". Most of the parents found things they felt were useful, and one pointed out that as in everything else "you take in the knowledge that you need, to adapt and use". On the whole there was little negative evaluation of the program, but neither did it seem to have had a major impact on the parents.

Allan (1994) stressed the importance of understanding the value bases of parenting education programs. She pointed out the importance of including in the course some discussion of the discrepancies between the real social difficulties faced by the parents and the possibly out-of-date assumptions about gender, work and parenting roles upon which a particular program may be based. Writing from a feminist social worker's point of view "with a critical perspective which highlights the impact of individuals and society upon each other," Allan (1994, p. 357) concluded that STEP fails to address the broader social issues because its emphasis is on the management of family problems and communication. She pointed out that it ignores issues such as the relative isolation of families, which impact particularly on mothers and make the lives of the parents more stressful. Therefore Allen's criticism is really directed at the philosophy of STEP, which was in fact formulated purely for the management of family problems in an egalitarian society. It should be noted however that Allan's study depends on self-report measures, without any form of quantitative assessment.

An Ecological Adaptation of STEP

McInnis-Dittrich (1996) in a study which addresses some of the social issues raised by Allan (1994), examined an ecological adaptation of STEP presented in an isolated community in the Appalachian mountains, where domestic and societal violence occurred widely, and aggressive and punitive child-raising methods were common. The parent educators realised that work with the parents about social and cultural issues was essential before any change in local parenting practices could possibly occur. They elicited the input of some parents who had already taken STEP, and made some revisions to the program which would reflect the importance to

participants of examining the ecological context of their violent society. Three changes were made to the program. The first was the issue of corporal punishment which was directly tackled from the point of view of the parent who had also been raised the same way. Secondly, the model of the individual as parent was shifted to that of parent as an individual operating within the larger systems of family and local community. Thirdly, a revised approach included the cognitive, affective and applied aspects of adult learning, which allowed for discussion of the parents' own experience of harsh discipline, some evaluation of its effectiveness, and suggestions of possible alternatives.

More than 75 parents took the adapted version of STEP in the first three months after its introduction. None of the parents who took part was involved in a case of alleged child abuse before the training or within six months of the training. Self-reports were extremely positive. Many parents had never previously questioned the use of physical punishment before the course, primarily because they were unaware of any alternatives. Many of them also appreciated the opportunity to reconsider their own childhoods, and how they felt about being punished, and many seemed to remember more about this aspect of the course than about the specific training skills.

It was pointed out that, because of the privacy aspect of parent-child interactions, it was very difficult to gauge the true success of the program in other than a qualitative way. Nevertheless the successful adaptation of the course showed that such changes were possible, and it was believed that similar adaptations could be made to any standard parenting program (McInnis-Dittrich, 1996).

The McInnis-Dittrich (1996) study highlights the difficulties of evaluating parenting courses such as STEP in a setting where the participants have a number of

sensitive issues. Without some kind of quantitative data it is not easy to establish the value of the presentation or of the program itself. Nevertheless the admission that many of the participants seemed to remember their own emotional satisfaction with the program rather than the skills which were taught suggests that they got something they needed even if they were not ready for the program

Research over the last twenty years according to Snow (2000) has supported STEP as an effective intervention for parents and families. A number of studies are cited, including Esters & Levant (1983); Jackson & Brown (1986); McKay & Hillman (1979); Meredith & Beninga (1979); Noller & Taylor (1989); Nystul (1982); Summerland & Ward, 1981; and Williams, Omizo & Abrams (1984) (all cited in Snow, 2000).

B.J. Larson (2000) investigated STEP/Teen, developed for the parents of adolescents, but conceded that results should be treated with caution since there was no use of a control group. However both parents and adolescents reported improved family relationships, which were related to an increase in authoritative parenting and a decrease of authoritarian parenting. Unfortunately a study such as this, which presents only self-report measures and does not include a control group, makes any reliable evaluation impossible.

PET - A Relationship Enhancement Program

Thomas Gordon who developed the Parent Effectiveness Training program (PET) trained in psychology as a graduate student at Ohio State University where the lectures of a new professor who had recently published a treatise on the treatment of maladjusted children (Rogers, 1939) attracted his interest. Not only had Rogers

proposed psychological rather than psychiatric treatment for the problems of children and young people, but he also introduced his students to non-directive, client-centred counselling, and an experimentally oriented evaluation program of counselling outcomes. In his second year Gordon also became a research assistant in a study assessing the flying proficiency of civilian pilots, a position which required that he had himself to obtain a private pilot's licence. Within a short time, America had entered World War II, and Gordon was accepted for Army Air Corps Training, which he completed and was selected to become a twin-engine aircraft instructor. This required that he attend a course on the psychology of instructing, which he was quite soon asked to teach, an assignment which prefigured his eventual life's work of designing and teaching training programs (Gordon, 1995).

The Effects of Authoritarian Leadership

As leader of a group of officers involved in flying training, Gordon discovered that an authoritarian leadership stance, even in a military program, was destructive both of morale and of open and honest communication. It encouraged resistance, and reduced creativity. When he began to invite participation, to listen to the officers' ideas and feelings, and encourage group responsibility, the negative reactions ceased, communication opened up and the work became productive and enjoyable (Gordon, 1995).

Leadership in Groups

After four years in the military, Gordon went on to graduate studies in the new interdisciplinary department of Human Development at the University of Chicago,

where at the same time Carl Rogers had accepted an appointment in the Department of Psychology. Gordon completed his studies and received his Ph.D in 1949, when he was invited to become an assistant professor and staff member of the Counselling Centre. He also sat in on some T-groups at the summer program of the National Training Laboratories at Bethel, Maine, where he saw some positive changes made by group members who became less shy and hostile, and increased their self-esteem and trust in others. Believing that a more democratic style of leadership than the one he had been observing would further improve the therapeutic outcomes, Gordon followed up with his own summer training program and subsequently described his model of group leadership (Gordon, 1955). He remained on the faculty at Chicago for five years, teaching and working in psychotherapy and researching non-directive counselling.

Clinical Work with Families

At the end of this time, he took a change of direction and spent three years as an organisational consultant to a large firm in California, but in 1957 he returned to psychotherapy in private practice, as well as consulting to businesses, churches, hospitals and government agencies. He began working with problem youngsters referred by schools or brought in by their parents. He became convinced that the teenagers brought to him for treatment were in fact perfectly healthy. They were coping to the best of their ability with the ways they were treated by their parents. Just as Bion (1959) had found in relation to groups where power was used for coercion, Gordon discovered that the youngsters, according to temperament, ended with fighting, flight or submission.

The parents in their turn, were also healthy people. The real trouble, Gordon believed, lay in the kind of relationship each had with the other (Gordon, 1977b). Most of the parents, many of them professionals with tertiary education, had no understanding of more recent psychological findings about the development of self-concept, a climate of acceptance, the effects of punishment, modelling theory, or problem solving. Most were trying hard to be responsible and effective parents and were very concerned when their children disappointed them. Usually they used the same kind of training methods their own parents had used, (except for a few who were deliberately the opposite). These methods appeared to Gordon to be rather like dog training, both as to rewards and punishments, and in the patterns of communication, authority and discipline. In addition, there was a great deal of evidence that for many families the time-honoured procedures were ineffective, and for some, actually destructive, leading to real mental health problems.

Disenchanted with the application of the medical model of psychotherapy to normal families, Gordon also realised that society would never be able to solve such problems by waiting until people had developed psychological disorders, and then setting out to treat them (Gordon, 1970). He realised that the problems facing most of the parents and children he had seen were human relations problems and not psychopathology. Few had any human relations skills, honest communication, listening skills, respect for each others' needs or fair ways of solving conflicts, all of which he had found to work in the research and treatment programs with Rogers at Chicago. He decided to design a leadership program for parents which would enable them to avoid potential problems with their children.

Prevention Rather than Treatment

Clearly, the preventive approach must be an educational one, moving away from the concept of illness and treatment. Gordon described how encouraged he was by the attitude of George Albee, who had challenged the wisdom of using the medical model in psychotherapy. He was further inspired by the words of G. A. Miller, who in stressing the need for psychology as a means of promoting human welfare in his Presidential address to the American Psychological Association in 1969, had suggested that psychologists must find ways to "give psychology away to the public" (Gordon, 1977b).

Gordon had already had fifteen years' experience in developing and teaching human relations training for business and industrial executives, as well as Air Force personnel (Gordon, 1995). He had continually found a lack of awareness of the effects of various styles of interpersonal communication (Gordon, 1977b).

Gordon had also recognised some important factors in the success or failure of training programs. They included the value of group training, the need for a non-threatening environment, the importance of allowing and accepting resistance, the necessity of actual skills training, and the importance of modelling by the instructor. Together with his theory of human relationships, all of these had to be taken into account in designing a course for parents. Again, he had to deal with the most critical variable in human relationships, that of the power differential between persons (Gordon, 1977b). A major dilemma for parents and their adolescent offspring was the growth of a struggle for power with both sides thinking only in terms of winning or losing (Gordon, 1970).

Solving Family Conflicts

Parents were not alone in regarding negotiation as an unsuitable technique of conflict resolution in their own domain. Gordon pointed out that negotiation was used frequently in disputes where both parties had equal power, that it was sought by parties with less power, and rarely considered by those in power. Human beings in general seemed to think that a democratic method of conflict resolution was considered useful only by those without power. "The idea that it can be used even when you do have power over another is not commonly accepted" (Gordon, 1970, p. 423). Realising the problem-solving potential of Dewey's (1933, 1938) democratic method of inquiry, Gordon set about effecting a synthesis of Rogers' listening skills, Jourard's self-disclosure and Dewey's six-step process together with his theory of relationships (Gordon, 1970) as the foundations of a pioneering, logical program. These approaches to personal interaction also included his understanding of problem ownership, the changed context of parenting and his belief in the capability of each person to develop self-awareness and make autonomous yet relationship-enhancing choices. In 1962, he taught the first courses himself, and the program was published eight years later.

From the first, PET was tailored to provide parents with skills for what he termed no-lose conflict resolution, and as essential pre-requisites for this, careful training in empathic listening and non-antagonistic assertiveness. It was a course focused on goals which Gordon came to see were the same for the enhancement of all relationships, whether parent-child, teacher-pupil or boss-subordinate - "achieving open and honest two-way communication, creative problem solving, constructive conflict resolution, mutual goal-setting, teamwork and co-operation" (Gordon, 1975, p. xiv). Based on Rogers' ideas of the conditions needed for ensuring a healthy

personal relationship, PET also set out to build up children's self-esteem and self-responsibility (Gordon, 1975).

The PET Program

The PET course consists of eight weekly sessions of three hours each. The three major groups of skills taught are concerned with empathic listening, (Active Listening), assertiveness skills (presented as "I-Messages"), and skills for Conflict Resolution and family problem solving. Basic to the course is the insistence on its presentation by trained instructors, who provide detailed skill practice in a group setting, offering additional support for participants.

Behaviour

Group members learn to regard behaviour as acceptable or unacceptable, rather than "good or "bad". All behaviour is described as an attempt to meet the legitimate needs of living, which is explained in terms of a hierarchy from basic physical needs and loving care to achievement, eventual autonomy and fulfilment of potential (Maslow, 1943, 1970). Children's unacceptable behaviours are seen simply as attempts to meet their needs in ways which happen to conflict with the legitimate needs of the parent in the same situation.

It becomes clear that what is acceptable is influenced by three factors - the self, the environment and the child (the other). These variables exert differing rather than constant effects over time. From them parents begin to learn self-awareness in terms of their own feelings, the effect of differing temperaments, both of their child's, their own and those of the other parent, and how the time and place of interactions

affect every interaction. They learn that these are the dimensions within which they must work, and that it is far more important for two parents to be honest about their true feelings and to work out acceptable ways of dealing with situations than to seek always to be consistent in a joint approach to children's behaviour.

To many parents this view comes as a great relief, since most programs emphasise consistency, often resulting in one parent repressing strong feelings for the sake of unity. It also underlines the fact that in PET the dominant structure in which the family functions is the parent-child relationship. The major attitudinal shift in Western society, in a Kuhnian sense, is the departure from hierarchical structures of authority to accommodate more participatory modes of decision making, illustrated, however imperfectly, in democratic societies, and reinforced by the pervasive changes in the status of women both at home and in the workforce.

Within the family, the PET paradigm proposes the personal relationship between parents and children as taking the place of the wider society which once functioned as the structure. The structure of the healthy personal relationship is to become the main support for the interaction of the various family dyads even while the parents are learning more effective patterns of communication. In this, PET differs from programs which aim to use a pre-set structure of control in which to work. The parents' own philosophy of living sets the values they wish to teach their children within this relationship, whether liberal or conservative, religious, agnostic or secular. Nevertheless the fundamentals of personal respect, warm affection, authenticity, the value of experience, high parental standards, acceptance of differences, the nurturance of personal growth and mutual problem solving, together with the total rejection of coercion and punishment are the values which underpin the PET program. The question of differing parental views within the relationship must

be handled by the parents, using the problem solving method in PET, which emphasises openness, honesty and mutual respect. The importance of being congruent, that is matching external expression to real internal feelings, is also stressed. Early in the course participants learn to raise their awareness of feelings - their own and other people's - a crucial skill which is often lacking in our present culture, and one which provides a foundation for parents to learn and teach emotional competence to their children.

When parents new to PET are faced with particular problems of child behaviour, they sometimes feel unsure about which skill to use, whether helping skills or those of confrontive assertiveness are needed. If the primary responsibility for action rests with the parent, confrontation is needed. If the child's expressed emotion is of concern to the parent, but the child will benefit by becoming responsible for change, then the helping skills are indicated. If both parent and child are involved in a situation where they have differing needs, then problem solving or conflict resolution is called for.

A simple and effective visual model, the behaviour rectangle, shown in Fig. 2.1, enables parents to make quick decisions for action by mentally identifying the emotion expressed, who is feeling it and who, therefore, owns the problem. The model shows how the helping skills, particularly Active Listening and I-Messages are used when the parent is feeling accepting about the child's behaviours. In this instance, the I-Messages are those which are called *declarative*, in which the parent communicates his own values, or *appreciative*, with which the parent shows approval of the child. They should not be confused with confrontive I-Messages, which are used when the parent is feeling unaccepting of the child's behaviours. It can be seen from the model that the line of acceptance is not necessarily static, and moves up and

down in relation to the parent's feelings about the behaviour, in a particular context of space and time. The ultimate aim of PET is to enlarge the family's No Problem Area through use of the helping skills when the child owns the problem and assertive skills, problem solving and conflict resolution when the parent owns the problem.

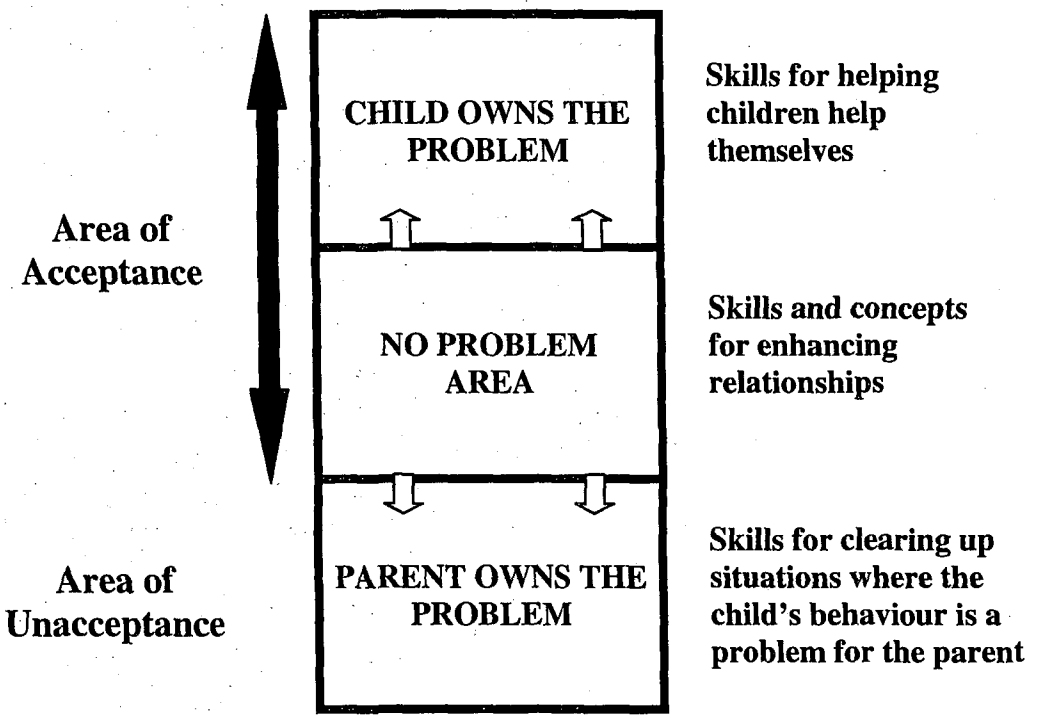

Figure 2.1. The behaviour rectangle: Interpersonal skills required in differing circumstances of parental acceptance and problem ownership.

Empathic Listening

Empathic listening in PET is the foundation of a flexible system of family communication training. The Gordon model provides operational skills training for emotional self-regulation and tutoring - later termed "emotional coaching" by Gottman (1997) - targeting individual goals set by the parent, and providing a positive approach to parenting in a way which can be developed as the family grows, and which does not have to be changed to meet the demands of adolescence. The basic skill to learn and apply is empathic listening, to use when the child is upset about a

problem. As *active listening*, this skill is taught quite intensively over two sessions; it is modelled by the instructor, and the parents' understanding and competence is monitored over the whole course of eight weeks. Active Listening is an important adjunct to the subsequently taught skills of parental assertiveness (and is used to deal with resistance), as well in problem solving and conflict resolution, where the parent must be able to listen carefully to identify the needs of the other people.

Unhelpful Responses

Parents are early made aware, either by role-playing or by written exercise, that most people, with the very best intentions, employ unhelpful or even destructive tactics with others who are experiencing a problem. It is pointed out that twelve typical responses, (designated *roadblocks* in PET) are, in this situation, actually inhibiting to the personal growth of the unhappy person to whom they are addressed. For this reason counsellors and therapists avoid their use. These responses include ordering, warning, moralising, arguing, blaming, judging, name calling, analysing, probing, sarcasm, and even reassuring and praising. There are, of course, situations where most of them are perfectly legitimate (generally when the other is not upset over a personal problem). It is pointed out however, that name-calling and sarcasm are almost always destructive, and best avoided in personal relationships.

Assertiveness and Confrontation

The effective parent is assertive, and the key to *appropriate assertiveness* in PET is self-disclosure (Zener, 1981a). Self-disclosure helps both personal self-awareness and the understanding of others. It enables a parent to be honest and clear with her children, and incidentally to model these desirable attributes. It also joins with empathic listening to model openness, which in turn, is part of constructing a climate of trust. Parental assertiveness is the skill needed to confront a child's unacceptable behaviour, and the parent is taught to understand that if a child's behaviour is preventing the parent from getting his own needs met, the parent owns the problem and must do something about it. The first tool for confrontation is assertion, in this case the "*I-Message*", in which the parent first describes the unacceptable behaviour without blame, then the parent's honest feelings about it, and the consequences to the parent in terms of cost, for example of time or money.

Conflict Resolution and Problem Solving

In the PET course, the background to resolution of family conflict is a discussion of three possible methods of solving it. The first method involves the use of power or coercion ("I win - you lose"). The second method is equated with permissiveness ("You win - I lose") and the third is mutual decision-making, using Dewey's method of problem solving (Dewey, 1933, 1938), with six sequential steps. Gordon's adaptation, first used in 1962, which he called "No-lose", was a pioneer of so-called "Win - win" methods. It combines the attempt to meet people's legitimate needs (Maslow, 1970) with "brainstorming" (Maier, 1960; Osborn, 1963) and the consideration of all possible solutions as put forward by Dewey. It depends on

empathic understanding of the needs of others, and an ability to be assertive about one's own needs. Like De Bono's (1970) lateral thinking, it requires creativity about solutions. It also involves self-control and mutual respect. The six steps used for conflict resolution in PET are:

1. Defining the problem in terms of needs
2. Generating possible solutions
3. Evaluating the solutions
4. Deciding on a mutually acceptable solution
5. Implementing the solution
6. Evaluating the solution at a later date

Gordon (1976) pointed out that in many situations of conflict, antagonism is maintained because one party to the problem imposes a unilateral solution, moving in at Step 4, but without mutuality and without going through the first three.

Shared Concerns and Values

The three programs outlined in Chapter 2 have a number of shared concerns and some similarities, and there are several areas in which they differ. In Australia, each of them is opposed to the use of physical punishment and smacking, and parents are told of the negative effects which may follow their use. Each one targets behavioural problems in children, with a focus on their improvement and on positive parental management leading to smoother running of the family, and each one advocates the importance of specifically acknowledging good behaviour as the best way of encouraging its repetition. Triple P uses the principles of behaviour modification and behavioural learning, and in a sense, some of these are used in both STEP and PET, both of which advocate focusing on the concrete behaviours rather

than the personal attributes of children. While STEP and PET do not use rewards and punishment per se, their methods of approval and disapproval could be described as forms of positive and negative reinforcement.

Each of the programs has been developed from both a theoretical and clinical background by a psychologist with extensive experience, and a commitment to the improvement of parenting skills and the enhancement of family life for parents and children. STEP (Dinkmeyer & McKay, 1976) and PET (Gordon, 1976) have common ground in overtly insisting that a missing value in many parent-child interactions today is respect, especially in regard to respect from parents to children. Parents often fail to see personal respect for their children as the crucial value that it is (Adler, 1914/1986; Baumrind, 1989; Dreikurs & Soltz, 1964; Gordon, 1989). Gordon (1977b) went so far as to say that family life would be revolutionised if parents would stop treating their children like puppies, and instead treat them with the courtesy they accord to other adults, a sentiment also voiced by Brown (1976). Such respect would both serve as a model, and invite reciprocity. Indeed personal respect has been identified as a fundamental need of human beings (Harre, 1980), and the current Convention on the Rights of the Child (1999) emphasises such a need in all families. With the shift from authoritarianism and patriarchy towards the sharing of power, respect must be two-way, and not as deference to be shown by inferiors towards their betters (Dreikurs & Soltz, 1964).

While Triple P is less concerned about power sharing, it does advocate the management of children's behaviour in a constructive and non-hurtful way (Sanders, Markie-Dadds & Turner, 1996). It also advocates the use of assertive discipline, which is defined as being consistent, acting quickly when children misbehave, and

teaching them to behave in an acceptable way. Parents are advised to avoid yelling, name-calling, threatening or smacking, which are all incompatible with respect.

Differences in Theory and Practice - Emotional Training

Core differences between the programs lie in the management of behaviour and the emotional training of children, both in theory and practice.

Triple P

In Triple P parents are taught a how to attain an emotionally supportive context by using clear, calm instruction framed in a positive manner, in order to help them to train their children's language, social and emotional skills, developmental competencies and problem solving skills. Parents are advised to give their children plenty of physical affection especially in the first few years, to establish secure attachment, and to tell them they are loved. However, in accordance with behavioural principles, they should avoid physical manifestations of affection in order to calm a misbehaving or agitated child. If they are being trained in a more intensive level of instruction, parents can learn marital communication skills, (understanding how their own emotional condition affects their parenting and consequently their children's behaviour) as well as coping skills for management of depression, anger, anxiety and stress.

Triple P recognises that lack of a warm, positive relationship with parents is a risk factor for children, but again, the behavioural principle is to focus on and deal with actual behaviours in the present time, and not on the antecedents of those behaviours, as already discussed in relation to a study of recurrent abdominal pain in children (Sanders, Cleghorn, Shepherd & Patrick, 1996). While Triple P is presented

as a program which aims to prevent both behavioural and emotional problems in children (Sanders, 1999), it does not seem to take any cognisance of emotional questions per se. These include training children in greater emotional awareness as raised by Gottman (1997), the Australian Temperament Project (Prior et al., 2000) and Porter (2001) for normal child populations. To put it simply, the difference is that of two basically different models (Barrett-Lennard, 1970; Tavormina, 1974).

STEP

STEP suggests that a positive relationship for parents and children is built on the four basic ingredients of mutual respect, taking time for fun, encouragement and communicating love. Emotions are conceptualised as being based on beliefs and purposes. For example, the belief that people are friendly and trustworthy, will create positive feelings towards others, while the belief that others are unfriendly and untrustworthy generates hostile feelings, in order to keep them away. Parents' angry feelings are often used to control children's behaviour, but once parents realise that they do not need to be controlling, they find they do not need to be angry either. On the other hand, children who have discovered the power of tears will use them to get their own way, and to achieve one or more of the four goals of misbehaviour (attention, power, revenge and the display of inadequacy) although they may not realise what they are doing. Parents can refrain from reacting to children's emotional manipulation, and so teach their children that managing feelings is a necessary part of growing up. Nevertheless, reflective listening to a child's feeling messages is fully explained and recommended, although with the caution that some children's messages may be manipulative. Unhelpful parental responses are listed. In STEP, it is

important to consider the motives behind children's behaviours, in order to focus on the best way to deal with them. Emotional development as such is not emphasised.

PET

The cultivation of empathy is central to Gordon's model of communication and to the radical transformation of parenthood he believed to be a necessity for the health and wellbeing of families today. Empathy presupposes an understanding of feelings, both of Self and the Other, and the importance of that understanding in constructive verbal interactions. Parents learn in PET that feelings are neither bad nor good, they arise spontaneously, and contrary to popular supposition, do not necessarily take charge. If emotion is expressed it is comparatively transient, but it is a potent cause of problems, both somatic and psychological, if repressed. A child who is troubled may not be able to see his problem clearly, but the parent who listens empathically without judgement, and without giving advice, empowers the child to express the emotion, understand more clearly, and be free to find his own solution. Emotional awareness is trained by empathic interactions, enabling personal growth for both parent and child.

Difference in Behavioural and Humanistic Orientations

Barrett-Lennard (1970, p.450) summarised the crucial differences between the behavioural and humanistic orientations as resting on sharply different concepts of human personality. Motivation for the behaviourist is the reduction of tension spurred on by multiple secondary drives, and behaviour change results from instances of positive or negative reinforcement. For the humanist motivation stems from a pervasive tendency towards self-actualisation and growth, which in turn mediates

shifts in the balance of a complex, unitary whole. The two systems differ in the assumptions they make about theoretical constructs and values as well as in the more concrete initiations of change. Barrett-Lennard suggested that behavioural methods have no serious use for a construct such as that of the self, and that in learning theory, control of behaviour is specifically directed at maladaptive habits and internal response patterns. Learning theory assumes that people's behaviour can and should be shaped to fit in with a comfortable and productive society, and that this can be achieved through reward and punishment schedules. Humanistic understanding targets the individuals' own self-awareness, experience and inner freedom to initiate personal change. Humanistic theory is based on the intrinsic nature of human beings to be constructive and socially responsible, tendencies which are specifically encouraged by the interaction and relationship with another who is caring, empathetic and non-judgemental. Barrett-Lennard (1970) also expressed the view that both orientations had the potential to exercise a powerful influence on human conduct and personality. The choice depended largely on the underpinning value either of the scientific control of healthy behaviour or the intrinsic worth of individuals, each with the inherent tendency towards achieving maximum potential, given the right conditions (Barret-Lennard, 1970). While Triple P is obviously based on the behavioural paradigm, and PET on the humanistic, STEP appears to straddle the two.

The Management of Undesirable Behaviour

Triple P offers strategies for dealing with *difficult behaviour* (italics added). These strategies include establishing clear ground rules, dealing with rule breaking through directed discussion, using good behaviour charts, giving clear calm instructions, backing up requests with logical consequences, quiet time, timeout,

planned ignoring and planning activities to prevent behaviour problems (Sanders, 1996). STEP focuses on the goals of *misbehaviour,* the desire for attention, power and revenge, and the display of inadequacy. Parents are advised to begin by building up a positive relationship with the child, and to realise that the behaviour is maintained by their present reactions, which they must change first. When the child misbehaves, the parent is advised first to use "I-Messages", describing the behaviour without blame, the parent's feelings about it, and the consequences of the behaviour for the parent. If this does not succeed, the next step is to apply natural or logical consequences, so that the child will learn what follows the misbehaviour, and can then choose a better course. Natural consequences are those which permit children to learn from the natural order of the physical world - for example, that not eating is followed by hunger. Logical consequences are those which permit children to learn from the reality of the social order - for example, children who do not get up in time may be late to school and have to make up work. Consequences must be applied firmly and kindly (Dinkmeyer & McKay, 1976).

In PET the parent also learns that in order to change a child's behaviour, the parent must change as well, since her current behaviour is maintaining that of the child. PET then deals with *unacceptable behaviour*, first by confronting the child with a concrete, non-blameful description of the behaviour, using an "I-Message" and realising at the same time that the behaviour is really an attempt to meet the child's need in the situation, but one which interferes with the parent's need. The parent honestly adds her feelings about the behaviour, and states what it has cost her. The child is then free to choose to behave differently in order to be helpful to the parent, and is motivated to change by influence rather than power. If this method does not work, (usually when the child holds a different value from that of the parent, for

example over a hairstyle or choice of clothes) then the parent must turn to problem solving and conflict resolution.

The Issue of Control - A Difference of Philosophies

The nature of parental power and how it is used is a primary issue. Baumrind (1968) suggested that parents should exercise legitimate power over the child up to about age six years - which she called the Authority Inception Period. Following Piaget (1965), she insisted that when the child has reached adolescence "power cannot and should not be used to legitimate authority" (Baumrind, 1968, p. 265). Baumrind (1967, 1968) presented the Authoritative model as the alternative to both authoritarianism and permissiveness, pointing out that the authoritative parent expects high standards and achievement by the child, and at the same time exhibits warmth, empathy and nurturance.

Davies (1978) suggests that the concept of power is central, and that attitudes to power distinguish the various parenting programs. He believes that it is impossible to completely eliminate a power base within the family, but parents should be willing to give their children more autonomy in a graduated way. Eastman (1989) points out that the way power is used is critical to family functioning. She believes that in the healthiest families it is shared, but not equally, except by the parents towards each other. She suggests that gradual autonomy offered to adolescents is advisable, and is successful provided that earlier training is soundly based.

Power in Triple P

The prediction and control of behaviour is the ultimate aim of behavioural programs, and behavioural parenting programs also fall into this category. Examples of goals for parental change, in order to set about modifying their children's behaviour, include ignoring undesirable behaviours, attending to and rewarding desirable behaviours in a consistent manner, establishing rules and maintaining them, and showing interest in the child's school and other activities (Rose, 1974).

Triple P being a multi-level program, aims to assist parents achieve and maintain control of their children in varying degrees according to their need. Because the focus of interest in the current study is on parenting programs for non-referred families, scrutiny will be limited to the area of normal parents following the methods suggested by Sanders (1996) and found in Every Parent's Workbook for Groups (Markie-Dadds, Turner & Sanders, 1996).

Triple P of necessity proceeds on the assumption that the parent needs to control children's behaviour in order to encourage desirable ways of acting, awareness of others and cooperation with children as well as adults. Parents are taught how to monitor, tally and graph a child's behaviour and their own responses, to praise good behaviour, set up behaviour charts, manage misbehaviour and set appropriate rules. Clear charts show the sequences for compliance and behaviour correction routines (Markie-Dadds, Turner & Sanders, 1996). Parents are nevertheless advised gradually to give children in the upper primary grades more responsibility in some areas "while maintaining firm control in others" (Sanders, 1996). Completion of responsible tasks should be praised, especially when it is spontaneously undertaken, appropriate skills should be encouraged and taught to

children, and their opinions on matters affecting themselves or the family should be sought, and included in family problem solving (Sanders, 1996).

Power in STEP

STEP (Dinkmeyer & McKay, 1976) teaches parents behaviour management in the context of understanding behaviour and preserving or improving relationships between parents and children. The first mention of power as such occurs in the Parent's Handbook in relation to children's pursuit of power, one of the mistaken goals they may have, according to Adler (1986) and Dreikurs & Soltz (1964). Parents are warned that winning a battle over, for example, "No one can force me to do anything" would be "a temporary victory" which at the same time risks the loss of the relationship (Dinkmeyer & McKay, 1976). Adults should disengage from the power struggle because parental power tactics only increase the child's desire for power, and may encourage the further mistaken goal of revenge.

Instead parents should concentrate on building the relationship, with encouragement, mutual respect, demonstration of affection and having quality time with children, both individually and together. The responsible parent sets realistic standards, permits choices, expects children to contribute, encourages independence and knows when to say no.

When the child misbehaves the parent should look first for a "natural" consequence, such as that the child who refuses food will later be hungry, but if a natural consequence is not available or is inappropriate, the parent "should design a logical consequence" (Dinkmeyer & McKay, 1976). Examples of logical consequences include the child's having to walk or miss school if she has failed to get up in time for the bus; having to face the teacher if he has neglected to do homework;

or the parent refusing to put dinner on the table if it has not been set by the child whose chore it is. It is essential that the parent is friendly and matter-of-fact, but also remains firm, and does not intervene. The choice is up to the child.

Power in PET

Gordon (1975) makes an explicit distinction between authority as power, and authority as knowledge or expertise, stating that the use of power as control and the exertion of positive influence on children were mutually exclusive. Gordon (1989) further describes authority based on knowledge or expertise as authoritative, and points out that in family situations parental expertise can influence children's behaviour in a way which is quite different from coercive control. He sees all use of power in personal relationships as damaging and destructive, and for this reason rejects authoritarianism. Like Baumrind (1967, 1968) he regards permissiveness as equally destructive because the power, either through the parent's abrogation of it, or by default, then rests with the child. In both cases according to Gordon (1975) there is a flow of resentment from the powerless to the powerful. In a later publication, Gordon (1983a) suggests that in the PET method of conflict resolution, the authority rests in the contract made by mutual agreement, which both parties undertake to respect. Further, Gordon (1983b) points out that the traditional and almost universal style of parent-child relationships has always been couched in the "language of power". This language of power, he suggests, is radically transformed in PET, in which the parent learns to *respond* to children rather than to *control* them.

This view seems to give credence to the proposition (Wood, 1985) that the PET model is equivalent to Baumrind's (1971) fourth style of parenting which she

termed "harmonious", and in which, according to the raters, parents did not *exert* control over their children, but appeared to *have* control.

Gordon's (1989) discussion of power further clarified his views, clearly distinguishing three examples:

1. Authority based on expertise, where one person in the family (often a parent but not always) has special knowledge.
2. Authority based on position or job description, to do with accepted tasks of family members.
3. Authority based on informal contracts between people, such as agreements about how family members interact.

These all differ from a fourth example:

4. Authority based on power to control, usually vested in parents.

Training Young Children

Baumrind (1968) suggests that until the child is about six years old, (which she called the Authority Inception Period), it is quite legitimate for the parent to exercise power, but this implies a change to a graduated sharing of decision making as the child matures.

Sanders (1996) advocates the gradual introduction of responsibility and decision making for children, pointing out that they vary considerably in their capacity to manage these, and it would not be sensible to allow them too much freedom at once. On the other hand, expecting them to be capable at any age without training would be equally irresponsible.

Gordon (1983b), pinpointing the major change which occurs when the child emerges from infancy and becomes an active youngster, suggests that most parents

change from being sensitive responders to the needs of the baby, and become active change agents and behaviour modifiers, inexorably taking on the role of controller. Indeed, Gordon goes so far as to say that the ten years following infancy and prior to adolescence are crucial for children's wellbeing, which he believes is seriously compromised by the controlling model of parenthood. A radical transformation of this model is needed to deal with the serious and widespread problems of youth. PET, he suggests, offers an entirely different model, a different way of being as a parent, which is radically different from simple skill-training to enhance or enrich family relationships because it depends on a serious change of attitude (Gordon, 1983b). The use of power and control to establish rules and standards in the home, according to Gordon (1995) is unnecessary, and shows a lack of parenting skill and expertise. Similarly, Porter (2001) believes that guidance and encouragement rather than control are the key to the management of challenging behaviour in young children. She recommends that parents aim at fostering consideration and respect to set the foundations of a strong and competent family.

Review of Power in Parenting Programs - Davies (1978)

In a 1978 review, Davies discussed several parenting programs which were then available in Australia, including PET (Gordon, 1976), and STEP (Dinkmeyer & McKay, 1976). He also considered the work of Ginott (1969) and Satir (1972), and some behaviour modification programs, which now would be represented by the Triple P Positive Parenting Program, (Sanders, Markie-Dadds & Turner, 1996). Like Barrett-Lennard (1970) and Tavormina (1974), Davies (1978) pointed out that behaviour modification programs are differently based from the humanistic programs which emphasise communication skills. The major differences, according to Davies,

are found in the attitudes to reinforcement, conflict resolution, and accepted levels of parental power. Each of the programs accepts the importance of encouraging children's self-esteem (Coopersmith, 1967).

In discussing the use of rewards and punishments, Davies (1978) suggested that although neither is favoured by PET (Gordon, 1975) or STEP (Dinkmeyer & McKay, 1976), the parents' expression of positive (accepting) and negative (non-accepting) feelings to the child in PET, and the use of natural and logical consequences in STEP could actually be seen as reinforcement techniques. Both natural and logical consequences were regarded by Gordon (1983a) as a covert use of power. However the question of parental power remained central for Davies (1978), and he believed that it was not possible for the family to operate without it.

Developmental Concerns

While Davies (1978) considered that all the programs at that time were concerned with the development in the child of autonomy, cooperation, responsibility and independence, they did not equally take into account theories of cognitive development such as that of Piaget (1965). Piaget saw the problem of moral development as bound up with the emergence of the child from his egocentricity and subsequent arrival at the stage of the reciprocal relations required for cooperation with others. This development was hindered in a situation where the parent wielded power over the child. Furthermore, cognitive operations developed best in situations of cooperation. Thus the program which sought to equalise the power between adult and child was assisting the development of responsible, autonomous behaviour (Davies, 1978). At about the same time, Gordon (1976) suggested that children and their

parents need to use reasoning in arriving at mutually acceptable solutions to conflict, which is also a way of encouraging responsible choices.

Piaget (1965), however, considered that before three years of age the child is egocentric, and incapable of seeing the viewpoint of another. Because of this, Davies (1978) voiced a caution about the use of power-equalised conflict resolution in the early years, suggesting that a gradual equalisation of power, as put forward by Ginott, might be preferable. Davies also believed that reliance on verbal methods of conflict resolution with very young children might be problematic. However Kieschnick (1979) in the PET supplement for instructors *Teaching PET to Parents of Young Children* pointed out that Gordon, while addressing the training to the parents "who normally have the power", also teaches them to offer small early steps towards independence as it becomes appropriate.

Davies (1978) concluded by suggesting that an eclectic approach in parenting skills might be more valuable than too rigid an adherence to any one program. The reality of parent power, (with cautions about its inappropriate use), the need to regard the family as an interactive unit, and the desirability of teaching parents about normal child development, while at the same time respecting their autonomy and common sense, were all important questions which he believed should be taken into account.

Parents' Management of Power

Triple P

While the emphasis is on positive management, calm instruction and parental self-control, in Triple P the parent is clearly in charge even in sharing information and encouraging discussion. Children's behaviour is controlled by the parent using appropriate rule setting, praise, behaviour charts, suitable rewards, and punishments

such as quiet time, timeout and planned ignoring for young children, and others suitable for older children such as deprivation of treats, money or privileges.

STEP

Discipline in STEP is addressed by the use of "natural and logical consequences" rather than reward and punishment, the use of which makes the parent responsible for the child's behaviour, invites resistance and risks non-compliance when the parent is absent. It also fails to teach the child decision making and personal responsibility. Natural and logical consequences on the other hand, relate to the natural or social order of events, in the light of which the child must decide how to act. The decision belongs to the child, rather than being imposed by the parent. STEP points out, however, that there is a fine line between logical consequences and punishment. For example, if the parent speaks harshly, the consequence will be experienced as a punishment. Punishments demand obedience, logical consequences permit choice. Gordon (1983a) strongly disagreed with this assessment, asserting that logical consequences are imposed by the parent, and so are a use of power.

PET

Treating the family as an interactive unit, respect, autonomy, and commonsense (Davies, 1978) are core values in PET, but Gordon (1983b) also suggested that PET teaches a model of parenthood that requires a radical transformation of attitude to be successful in achieving wellbeing for the family and the wider society in the context of today's world. Basically the attitude needed as a substitute for parental power is one of profound respect, including self-respect, respect for another human being and respect for the relationship.

Gordon's work, both in psychotherapy research and in adult learning groups had led him to the discovery that the success of any human endeavour rests ultimately in the quality of the relationships between those involved in it. Where people interact and make mutual decisions based on open, intelligent discussion and genuine mutual respect, the outcome is likely to be satisfactory and stable. It may take time, and appear to be more trouble to achieve, but it is better than an arbitrary decision based on unilateral power which is likely to be resisted, and ultimately unsuccessful. It is an insight which applies equally to enterprises in education, business, government and families (Gordon, 1975).

Discerning the Benefits of Parenting Programs

It is clear that there is a need for parenting programs to assist parents of normal families to be more effective in raising competent children in the post-modern, deconstructed parenting environment. There is a vacuum created by the demise of a formally structured society in the West, making it paramount to promote an internal locus of control in the individual. The need for children to develop persistence, flexibility, emotional self-regulation and a sense of personal worth has been established, as has the necessity of warm and nurturant parenting, clear communication, and the fostering of interpersonal skills, including those of negotiation and conflict resolution. In the light of these needs, the standard programs available, including their aims and content have been described. It is important for parents who seek to improve their skills and self-confidence to understand the differences between the programs, in order to make an informed choice about which one best meets their needs. Such information is also essential for bodies who intend to sponsor programs, or are considering funding or providing other support. They

require not only rigorous empirical investigation into the different elements of each program, but also into the philosophy and outcomes for parents.

CHAPTER 3. RESEARCH IN INTERPERSONAL SKILLS AND THEIR APPLICATION IN PET

The Use of Interpersonal Skills in Parenting

The three main parent training programs available in Australia have been described, together with their theoretical backgrounds. Because of emphasis on the importance of training emotional competence in children, the focus now will be upon the PET program (Gordon, 1976), on the research into the separate interpersonal skills it embodies, and their applications in PET. The importance of linguistic skills will also be considered.

The fundamentals of interpersonal skills training are specified by Bolton (1993) as listening skills, including reading body language, assertion skills, and skills in conflict management, which includes handling emotions and collaborative problem solving. Essential substrates are empathy, genuineness and non-possessive love.

Bolton (1993) acknowledges that his approach to social skills enhancement has been nurtured by the thinking, research, teaching and writing of Gordon, Rogers, Ivey, Egan and Carkhuff who all began their work in the clinical area. Gordon and Carkhuff were closely involved in Rogers' research programs, clinical work and teaching at the University of Chicago after the war (Gordon, 1995; Kirschenbaum, 1995). Egan had published his early work in interpersonal growth and group processes (Egan, 1970) and Ivey in microcounselling and interviewing skills (Ivey, 1971).

Like many others originally involved in clinical work, for example Adler, Dreikurs and L'Abate, Gordon came to believe that a wider approach, reaching out to non-referred parents, would benefit more families, whose needs were just as real as

those requiring professional treatment and expertise. Moreover, such an approach, if developed systematically, would lead eventually to the prevention of many tragic and unnecessary community problems (Gordon, 1977b, 1980), a position taken also by Levant, (1978). Indeed, Gordon (1983b) came to believe in the necessity of radical change in normal parenting practices, away from mere compliance with parental expectations. He believed radical change was essential in order to advance the self-responsibility and self-actualisation of the child through an empathic, healthy, growth promoting relationship with the parent, based on acceptance, love and mutual respect, and teaching emotional competence through reciprocal interactions.

A Healthy Relationship as a Basis For Parent Effectiveness

Gordon first developed a new theory of parent effectiveness, and then built up a specific program based upon it. He pointed out that, while the theory was developed specifically in relation to the parent-child relationship, it was really a model for all healthy human relationships. It took into account the fact that there was usually a power differential between two people in a relationship, that conflict was inevitable, and that it was possible to resolve it in a healthy, relationship-enhancing way (Gordon, 1970). The theory, Gordon explained, advanced a model of a truly democratic relationship, in which people could relate to each other in mutual respect, friendship, love and peace, and thus provide an environment in which each could reach maximum potential. Like Ginott (1969), he suggested that such a relationship would be therapeutic, i.e. facilitating healing and growth. Human beings have an essential need for such a relationship in order to grow through developmental stages towards autonomy (Dominian, 1989, 1996).

The Theory of Healthy Relationships (Gordon, 1970)

The theory of healthy human relationships was presented (Gordon, 1970) as a set of principles for one person in a relationship. The requirements were the same for both persons, but Gordon pointed out that as the primary responsibility for initiation of change rests with the person in power, the focus for action was set for the parent.

There were nine principles in Gordon's theory of healthy relationships, covering feelings and behaviour, and encompassing self-awareness, acceptance, two-way communication, and the use of power, which all relate to the major skills taught in PET. The first three principles cover empathic listening, the second three relate to non-antagonistic assertiveness and the third three to democratic conflict resolution. (It will be noted that in accordance with the style at the time Gordon had not used inclusive language in the Principles, but in early editions of the PET Workbook (Gordon, 1976) he acknowledged the problem and solved it by alternately using "he" and "she" in the examples used). The nine principles are set out below:

1. Feeling Accepting of the Other

I must feel quite accepting of the other. The more of his behaviour I can accept, the better for his growth and health, because acceptance is a powerful therapeutic force.

2. Demonstrating Acceptance of the Other

Because it is one thing to feel accepting of the other person and another thing for him to perceive that acceptance, I must demonstrate or communicate my acceptance clearly and effectively.

3. Trying to Become Accepting of More of the Other's Behavior

I must have a genuine desire to extend my area of acceptance - to try to bring about a condition in which less and less of the other's behavior is unacceptable to me. Or conversely, I must try to increase my "therapeutic potential" by becoming more accepting or by feeling acceptance more often.

4. Becoming Aware of Nonaccepting Feelings

I must learn to be aware of and admit to myself the existence of my non-accepting feelings toward the other's behavior whenever I have them.

5. Unaccepting Feelings

I must also learn to act congruently or honestly. I must have the courage to be "transparently real" - to be what I am feeling. My communications must match my inner state.

6. Communicating My Unaccepting Feelings Nonevaluatively

Realizing that communicating my true feelings may be upsetting to another, depending upon how I do it, I must learn certain ways of communicating my feelings that are less threatening.

7. Refusing to Use Power in Conflict-Resolution

I must commit myself to refuse to use my power to resolve conflicts between myself and the other. Power, punishment, threats of punishment, unilaterally established limits, discipline through fear - none of these belong in a healthy or therapeutic relationship between people or between groups.

8. Refusing to Give in to the Other's Use of Power

I must be unwilling to let the other impose his solution on me such that his needs are met and mine are not.

9. Resolving Conflicts by a "No-lose" Method

I must commit myself to use a "no-lose" method to resolve all the inevitable conflicts that occur in my relationship with the other.

Gordon summarised what he saw as the requisite interpersonal conditions for a radical transformation of parenthood in the nine principles, and condensed them into a one-page *Credo for My Relationships with Others* (Gordon, 1970c) for presentation to participants along with a certificate of completion at the end of the course. The Credo appears inside the front cover of the Australian Workbook (Wood, 1997, shown in Appendix A).

The nine principles express the underlying philosophy of PET (Gordon, 1970) which challenged many of the commonly accepted traditions of parenting. They were translated into the practical skills of the course itself and stimulated considerable critical review and experimental research.

The Concept of Empathy

The concept of empathy first appears in psychoanalytic literature early in the twentieth century, and the name, according to Brothers (1989), was coined by Titchener as a translation of the German "Einfuhlung". Empathy, according to Rogers, (1951) is a fundamental way of knowing both the other, and oneself, via empathy turned inward. It is awareness of feeling states, the accurate perception, according to Rogers, of the internal state of another "as if one were the other person, but without ever losing the 'as if' condition" (Shlien, 1970).

Empathy is a process. However it should not be confused with empathic accuracy, which is an outcome of the process. It is a process which requires

awareness of another's internal states on a moment-by-moment basis (Thomas & Fletcher, 1997). Empathetic understanding was the foundation of Rogerian psychotherapy, in which empathic listening by the therapist was developed as a primary tool for facilitating the client's self-directed change.

Empathic Listening

Empathic listening is the skill which enables one person to understand another's perspective, and to communicate or test that understanding without being judgmental, reassuring or oppositional. It should only be used when one person in a dyad is troubled, and consists of the other's decoding of the emotions being experienced, and feeding them back in a tentative fashion to demonstrate acceptance and understanding. The process enables the speaker to clarify and own feelings, to move through them and arrive at an equilibrium which permits self-directed choice of action and resolution. It was first developed as a clinical method by Carl Rogers at Ohio State University, and later at the University of Chicago, and was seen, though not without its critics, as an alternative to both psychoanalytic and behavioural treatment. It is sometimes termed "reflective listening", and in PET is known as Active Listening. The term, according to Gordon (1977a) was coined by Richard Farson, with whom he was co-presenting a program in California.

Over many years, Rogers expanded and tested his ideas regarding the characteristics of the helping relationship, encompassing genuineness, congruence, respect, empathy, warmth, and acceptance. Understanding was essential and feelings acquired a new importance - in hindsight prescient of the developments of late twentieth century research. The authenticity of experience, the realisation of personal growth and change were ideas which challenged the old static certainties (Rogers,

1961). At Ohio State University, from 1940-1945, Rogers and his doctoral students pioneered the phonographic recording of therapeutic interviews for research in the processes involved, as well as the training of therapists. At the time it was a monumental task (Kirschenbaum, 1995). They analysed thousands of therapist and client responses, and were able to demonstrate how the therapist's acceptance, reflection and clarification of feelings hastened the understanding and insight achieved by the client. They also discovered how more directive responses such as probing, explaining, making suggestions and interpreting the client's statements often seemed to cause defensiveness and resentment, while also assuming responsibility and taking it away from the client (Kirschenbaum, 1995). Rogers pointed out that the aim of this type of therapy was to help the client to grow psychologically, with greater emphasis on the feeling aspects rather than the intellectual understanding of the problem. It was client-centred and non-directive, and placed more importance on the present than on the past, as behavioural therapy was later to do (Rogers, 1942). The new ideas appealed to many professional therapists, but were not rated highly by mainstream academia (Kirschenbaum, 1995). In 1945 Rogers accepted a research appointment to set up a new counselling centre at the University of Chicago, where he remained for the next twelve years, teaching, supervising students, publishing research and expanding his ideas of the therapeutic process. He further developed his client-centred therapy, still linked to research and generating large numbers of studies of every kind from intensive clinical investigations to semantic differentials and Q-sorts (Shlien & Zimring, 1970). His ideas progressed from concentration on the method to the attitudes of the therapist, and thence to the relationship between therapist and client as key to success in the therapeutic process along with acceptance and unconditional positive regard (Kirschenbaum, 1995).

Two of Rogers' early publications detailing the experimental work contain chapters by Thomas Gordon : the first on group-centred leadership (Rogers, 1951), and two more in a second clinical volume, the effect of psychotherapy on attitudes to others, and the development of the research program in psychotherapy (Rogers & Dymond, 1954). From his research, clinical work and teaching with Rogers and his colleagues at Chicago, Gordon acquired a deep understanding of the workings of interpersonal relationships, how they developed, and the factors that hindered that development (Gordon, 1995; Hart & Tomlinson, 1970; Rogers & Dymond, 1954).

Empathic Listening Skills for Parents

Empathic listening is the skill most emphasised in the current literature on parental involvement in the emotional development of their children (Ginott, 1969; Goleman, 1996; Gottman, 1997; Porter, 2001), and in fostering resilience and coping skills (Maughan & McCarthy, 1997; Prior et al., 2000). Empathic listening needs a climate of genuine acceptance, and relates to the first three of Gordon's nine principles. It is an intrinsic part of Parent Effectiveness Training (PET) (Gordon, 1976) and is the first major skill taught, setting the course firmly in the area of emotional competence and the development of a healthy relationship between parent and child. As indicated above, it was developed through intensive research both in theory and practice, and was seen as one of the first serious alternatives to psychoanalysis.

As Active Listening it is carefully taught in PET by a trained instructor, because it is not only fundamental, but is rarely found in Western culture and although simple, is the most difficult skill to acquire. Proficiency in Active Listening is an essential criterion for the accreditation of a PET instructor.

A New Generation of Empathic Listening Research

Empathic Accuracy

A generation later, empathic listening has re-emerged in a body of research which is examining the concepts of empathic accuracy (Ickes, 1997) and its relationship to cognition and emotion. Empathic accuracy is concerned with the decoding of verbal and nonverbal cues, which are integral to and essential for successful empathic listening. Empathic listening is the process of decoding the cues of another person, and feeding back the listener's understanding in order to check on its accuracy. The development of empathic accuracy in children and the involvement of family interactions in children's understanding of emotion (Eisenberg, Murphy & Shepard (1997) have contributed to current understanding of the importance of early intervention for the prevention of problems in later childhood and adolescence.

Research in Empathic Accuracy

Research into the neural substrate of empathy dates from the same time as the neurophysiological work in brain development (Brothers, 1989). Ickes (1997) suggested that empathic accuracy, the measure of skill in inferring the thoughts and feelings of others, is a fundamental dimension on which social intelligence can be assessed, a position also taken by Goleman, (1996). The study of interpersonal perception began with trait inference and progressed to the study of attitudes in dyads; from there investigation turned to affective sensitivity of perceivers in inferring emotional states, and lastly to empathic accuracy (Ickes, 1997).

Spontaneous communication between individuals is fundamental to life, is inherently dyadic, and requires a sender, a message and a receiver if communication

is to occur. Positive social behaviours such as empathy and altruism depend upon affective bonds that normally are formed during communication exchanges early in life (Buck & Ginsburg, 1997).

Communication Between Neonates and Their Mothers

Bernieri and Rosenthal (1991) pointed out that dyadic interactional synchrony was probably one of the earliest forms of human communication to develop, and has been demonstrated in infants only a few days old, who synchronise their movements to human speech, but not to non-speech related sounds. Citing the work of Capella (1982), which showed that infants match their vocalisations with those of their mothers, and that of Tronick, Als, Adamson and Wise, (1978) who showed that babies intensify their co-ordinating activity if an adult is unresponsive, Bernieri and Rosenthal (1991) added from their own investigations that a loss of synchronisation is associated with an increase in the infant's negative emotional affect.

Suggesting that spontaneous communication is inherently genetic, Buck and Ginsburg (1997) distinguish it from symbolic communication, which includes spoken and written language and sign language. These are learned, are culturally patterned, have arbitrary relationships with their referents, and are both intentional and propositional. Spontaneous communication is biologically based, direct, "a conversation between limbic systems", indicated by signs such as facial expression, which convey information but are neither intentional nor propositional. Early social deprivation, for both animals and humans, has been shown to be associated with serious deficits in later social competence. Such individuals appear unable to "read" the displays of others, and do not display socially appropriate species-typical behaviour themselves. Nevertheless accurate communication can be coached by other

individuals at the same socio-emotional level, both animal and human, modelling the skilful use of the perceptual and attentional systems. "Socio-emotional" skills are different from, and more complex than other learned skills. Like the sensitive periods of brain development, there are genetically based set points to be attained through emotional education, leading to ultimate social competence (Buck & Ginsburg, 1997).

The Fundamental Importance of Emotional Signals

While it has long been believed that the hypothalamus, amygdala and limbic system are more primitive structures than the cortex, this knowledge was frequently taken to underpin the idea that emotion was secondary and of lesser importance than cognition (Armstrong, 1999). Dawson (1994) showed not only the equal importance of emotion and cognition, but also that the healthy development of both required a nurturant caregiver from the earliest days of life. Buck and Ginsburg (1997), building on their earlier empirical studies of both animals and humans, suggested that the genetic nature of spontaneous emotional communication, and its need for social teaching from one generation to the next, point to its fundamental importance for social beings. The attainment of social competence requires that individuals be trained to recognise complex signals, including the ability to distinguish exaggeration, denial of emotional states and deliberately deceptive cues. An important component of this skill is to be found in the understanding and decoding of nonverbal behaviours, particularly facial expressions. Many studies have shown that a high degree of skill and understanding in the area of human facial expressiveness is closely associated with social competence in children and adults (Feldman, Philippot & Custrini, 1991). Through education by carers and later by peers, receivers learn awareness of their own feelings and thence those of others, as well as the cues that require attention. If

this learning does not occur, the result will be a failure in social and emotional competence.

Cues for Attention

Eisenberg, Murphy and Shepard (1997) distinguish the emotional response resulting from the recognition of another's emotional state from the cognitive component of perspective taking, and point out that the difference has not always been clear within the literature. Contemporary experimental terminology, they suggest, includes the following categories of perspective taking: visual perspective taking (e.g.Piaget, 1956); affective perspective taking and cognitive perspective taking.

Concentrating on the latter two, Eisenberg et al. (1997) point out that emotional decoding skills rely in part on facial expression, body language, eye contact and tone of voice. Infants have been shown to monitor adults' emotional responses and at 12 months old, their behaviour is guided by adults' facial expressions in dealing with unfamiliar toys, strangers, and potentially frightening situations. Infants as young as 10 weeks are disturbed by their mothers' anger expressions (Haviland & Lelwica, 1987) and toddlers and pre-schoolers are distressed by anger expression, even when the anger is not directed at them (Cummings, 1987). Toddlers become increasingly distressed with repeated exposure to adults' verbal arguments (Cummings, Zahn-Waxler & Radke-Yarrow, 1981 cited in Halberstadt, 1991). Moreover, Cummings (1985, in Halberstadt, 1991) suggests that children's opportunities for expressing positive affect can be reduced by their own enaction of angry responses after witnessing angry encounters, or by their subsequent disinhibition of previously restrained aggressiveness.

The ability to discriminate emotion from faces (based on error rates) begins only with positive and negative expressions, but accuracy improves at rates which appear to vary for different emotions from happiness, through sadness, anger, and fear to the more complex shame, contempt, surprise, disgust and neutrality. By two to three years of age children seem to rely on cues based on similarity of expressions in the same way as adults. By four or five they can accurately name basic emotions in slides or photographs, but it has also been found that they begin to discriminate and understand emotional expressions before they have the language ability to understand and use emotional labels (Eisenberg et al., 1997).

Language and Discrimination of Emotions

Verbal ability is positively correlated with the ability to identify emotions at six to eight years of age. Eisenberg et al. (1997) conclude that young children are more sophisticated in the understanding of emotions and emotional displays than was previously thought. Studies suggest that girls are better at discrimination of emotions than boys, (although findings are somewhat inconsistent), an advantage which may occur because of social factors, such as expectations that they should be more aware or more sensitive (Joshi & MacLean, 1994). Interestingly, Joshi and MacLean (1994) also found that Indian preschool girls outperformed both English girls and boys from either country in discussing the difference between real and apparent emotions in a situation which involved children interacting with adults. Girls' responses were more sophisticated than those of boys, but by the age of school entry there were fewer differences (Eisenberg et al., 1997).

Decoding accuracy continues to develop with age and includes discriminating between mixed or deceptive cues, and social understanding of appropriate responses.

Interpersonal experience and social experience within the family enhance decoding ability (Feldman, Philippot & Custrini, 1991; Halberstadt, 1991). Halberstadt (1991) also found that adults who reported coming from more expressive families were better at decoding others' emotions than those who did not; the latter were in need of better decoding skills. Differences in academic achievement, popularity and locus of control are also associated with decoding ability (Nowicki & Duke, 1992; Walden & Field, 1990).

Zhou et al. (2002) hypothesised that observed parental warmth and positive expressiveness were related to children's empathy and social functioning, and that children's social competence and negative behaviours were mediated by parents' emotion-related socialisation practices. The data in a 2-year longitudinal study of 180 school children with mean ages of 9.4 years at pretest supported the hypothesis, suggesting also that there was a reciprocal relationship between parents' and children's responses, with children's empathy evoking a parental response.

Cognitive perspective taking requires a certain amount of understanding of the concept of mind, and children as young as three can distinguish between real and mental entities. They appear to understand desires earlier than beliefs (Wellman, 1991), and tend to understand the mind and emotion in terms of desires rather than beliefs (Wellman & Bannerjee, 1991). At four, the child is better at understanding beliefs, can appreciate that people may have differing beliefs, that his own beliefs about something can change, and that another person can believe something that the child knows is not true (Gopnik & Slaughter, 1991). Increased sibling interaction appears to assist children's advancement in the theory of mind (Perner, Ruffman and Leekam, 1994). By five, children can understand having simultaneous desires, for example both to do and not to do something (Bennett & Galpert, 1993).

Cognitive perspective taking skills continue to develop through childhood and adolescence as children learn to recognise their own internal states, and it is likely that socialisation experiences influence whether or not children try to infer others' perspectives (Eisenberg et al., 1997; Halberstadt, 1991).

Gender Differences in Empathic Accuracy

An examination of gender differences shown in empathy research (Graham & Ickes, 1997) lead to the distinction of three different areas: vicarious emotional responding (or emotional matching), non-verbal decoding ability, and empathic accuracy. The first area, vicarious emotional responding, relates to the report or exhibition, by the participant being tested, of the same emotion as the target person displayed in the test. Non-verbal decoding ability on the other hand, refers to the perceiver's ability to correctly identify the target's emotion. The third area, empathic accuracy, is concerned with the perceiver's ability to make accurate inferences from both the non-verbal and verbal behaviour, which requires close monitoring of a developing conversational interaction. Empathic listening as taught in PET relates to both non-verbal decoding ability and to empathic accuracy, but is not concerned with vicarious emotional responding. Indeed, parents are warned that empathic listening cannot and should not be attempted if the listener is emotionally affected by the situation.

Results of studies of empathic accuracy, where both verbal and non-verbal behaviours are interpreted by the listeners, have mixed results, but Graham and Ickes (1997) suggest that motivation may be more important than ability. Men in general may be less motivated towards empathic sensitivity, because it is not perceived as "masculine", and fits less well in the competitive context in which leadership has

traditionally evolved. Studies which examine gender differences in non-verbal decoding behaviour suggest that although women consistently show higher levels of ability than men, the difference is not as great as is popularly supposed. Furthermore men's ability is higher (although still not higher than women's) when not only facial expressions but also body language, tone of voice, micro-expressions and discrepancies between visual and auditory cues are taken into account. Smith, Archer and Constanzo (1991) also showed that men's ability to decode non-verbal behaviour improves with practice to the point where male participants can at least closely approximate females' ability.

The studies of both verbal and nonverbal behaviour have established evidence-based outcomes of the importance of empathic skills in human behaviour from early infancy to adulthood, providing information which confirms the work in the applied fields of both clinical remediation and enhancement training for families. Empathic listening skills are also intricately involved in assertiveness training (Jakubowski & Lange, 1978), problem solving and conflict resolution. Gordon's model of problem solving and conflict resolution places emphasis on ascertaining the needs of all parties in the problem, and empathic listening skills have an important place in this process.

Empathic Listening and the PET Program

When it is obvious that a child is worried or upset, the PET parent is trained to be of real help by learning how to communicate true empathic understanding. Because nonjudgmental acceptance is demonstrated, the child is enabled to see his problem more clearly, and to be free to work out the solution for himself. The method assumes that the child is his own best problem solver, and that he is perfectly capable of so doing. The difficulty for most parents is to refrain from giving advice or their

own solutions, thus taking the responsibility away from the child, as well as the opportunity for growth. It is also rarely appreciated that when a child is upset or resentful, any attempt at teaching is certain to be ineffective.

Empathic listening should only be used when conditions are appropriate. The parent must really want to be of help to the child, to feel reasonably separate from the child's problem, to have time to talk it over, and not be emotionally involved. If these conditions are not present, active listening should not be attempted until they are. Gordon pointed out that the ability to listen empathically actually requires a paradigm shift on the part of the listener (Zaiss & Gordon, 1993) in order to take on the speaker's perspective.

PET as a Key to Change For Parents

From his work with Rogers at the University of Chicago, Gordon had a deep understanding and appreciation of the potential of acceptance and empathic listening to facilitate psychological growth; indeed, he pointed out that this was the key to radical change into more adaptive parental attitudes and practices (Gordon, 1983b). He lamented that unfortunately as babies become toddlers most parents tend to become less accepting and see their role as changing from one of responding to the child to controlling his behaviour. Gordon believed that such a change was severely inhibiting to the psychological growth of the child and could put the relationship at risk. In fact he was convinced that this shift in the parental role was responsible for much of the serious and growing damage to the psychological health of young people (Gordon, 1983b). From his experience of working with families, Gordon considered that the ten years following infancy were the most critical period for parents. He also believed that acceptance and empathic listening were far more effective tools for

helping children manage the difficulties of growing up than the dictates, advice, and reassurance he had seen almost universally used. He therefore devised a parenting program based on the emotional training of parents for themselves and their children, together with the appropriate assertiveness for relationship management and the solving of problems in a way that would enhance rather than harm that relationship.

Gordon was in the same position as Haim Ginott (1969) in maintaining that continuing conflicts between parents and children were often the result of the way they talked to each other, and that few parents truly listened to what their children were saying. According to Ginott, parents often misinterpreted their children's messages, and faulty communication was at the root of most parent-child conflicts. Ginott's sensitivity to children's emotional needs, and his skill in deciphering the language in which children tried to communicate their feelings helped him to see that parents too needed this understanding in order to teach their children how to describe affective experiences accurately. He called this "congruent conversation", which set the stage for training children's emotional maturation. Ginott saw no reason why any well-intentioned and reasonably intelligent adult could not be taught techniques for communicating empathy, thus avoiding the clumsy interaction which often causes distress and erodes the confidence, self-respect and effectiveness of even the most conscientious and dedicated parents (Orgel, 1980). The value of Ginott's work was confirmed for Gordon by his own experience as a psychotherapist with parents and teens, as it was later for Gottman in his experimental work with families (Gottman & Silver, 1999). Gordon included Ginott in his list of recommended reading in the PET Workbook (Gordon, 1976).

The Foundations of Self-Respect

Pulling together recent empirical research and emphasising the new understanding of the emotions in development (Damasio, 1995; Le Doux, 1992, 1993, 1994; Kagan, 1994; Salovey & Mayer, 1990; Schore, 1994), Goleman (1996) pointed out that that there is a pressing need for parents to realise that self-control, zeal and persistence can be taught to children, and that parenting styles affect the emotional abilities of their offspring. Childhood, he believed, is an opportunity for psychological growth, and parents are uniquely positioned to understand the temperament of the child, and then to coach him or her through emotional situations which require first understanding, and then adaptive responses. Emotional abilities are learned, and emotional literacy is the foundation for all subsequent learning. Goleman cautioned that dismissive attitudes, lack of respect or disapproval for the way children were feeling all produce unfortunate outcomes. On the other hand, parents who use empathic responses to acknowledge expression of feelings are laying the foundations for their children's self-esteem, respect and understanding of themselves and others.

Parents Also Have Legitimate Needs

Empathic listening in the PET program not only enables the parent to understand the feelings and needs perceived by the child, but also to help the child to clarify his own perception. The first part of empathic listening training concentrates on understanding feelings and self-awareness, following which the parent must acquire and model self-regulation. This enables her to put her own feelings aside (provided they are not strongly engaged in the same problem), and give her attention

as a free gift to the child. In addition, the parent's exploration of a problem in a non-judgmental way can also free the child to recognise that the parent may have a concurrent need.

Assertiveness

Gordon (1970) understood the fundamental importance of empathic listening, but he also realised that two people in a relationship must have a way of asserting their separate needs and of problem solving when these were in competition. He also believed it was right for each individual, in this case both parent and child, to be able to meet his or her own needs for lifelong healthy development through a model of assertiveness which would not trigger opposition and resentment in the other. This he found in the self-disclosure model of Jourard (1964, 1971), which also appeared to have some of the elements proposed by Salter (1949). Assertiveness skills embody principles four, five and six of Gordon's nine principles for healthy relationships, relating to self-awareness and the non-judgmental communication of unaccepting feelings.

The Skills of Assertiveness in Theory and Practice

The original model of assertiveness (sometimes described as assertion) as a component of social skills training was proposed by Salter (1949), a behavioural therapist who realised that if people are not articulate about their wants and needs they are not likely to be met. Salter also suggested that as well as suffering deprivation, they are likely to suffer emotionally through suppressing their thoughts and feelings (Salter, 1949, in Davison & Neale, 1982; Wilson & Gallois, 1993). Salter advocated

both verbal disclosure of feelings and "facial talk"- smiles, frowns or whatever facial expression was appropriate. He also insisted that people should be able to improvise replies with open disclosure; disagree spontaneously, and include the expression of their feelings about a matter; accept and agree with praise when it was offered to them, and use the pronoun "I" as often as possible. Thus openness and honest self-disclosure, which were later to feature in the experimental work of Jourard (1971) were being advocated by Salter (1949) as important components of emotional health. Assertion training, according to Salter was needed by individuals with excessive cortical inhibition, and in classical conditioning terms, they were in need of greater excitation.

Salter's work was extended by Wolpe (1969) who believed that many individuals with social anxiety needed assertiveness training to help them release the motor expression of other emotions, which was being inhibited by the bodily responses engendered by the anxiety. Adaptive assertiveness, according to Wolpe included the accurate expression of affection, admiration and gratitude, as well as the socially appropriate verbalisation of legitimate demands and opposition. Some forms of assertiveness training, Wolpe believed, really amounted to a variant of systematic desensitisation, such as treatment for anxiety triggered by fear of being pushy or inconsiderate.

Another important addition to Salter's concept of assertiveness was made by Lange and Jakubowski (1976) who suggest that direct, honest and appropriate ways of expressing thoughts, feelings and beliefs should also include respect of others and their rights. Furthermore Jakubowski (1977, in Jakubowski & Lange, 1978) points out that appropriate assertiveness increases self-respect, and gives others an opportunity to change their behaviour without demeaning them. Sharing one's true

feelings and reactions to others, without blocking their responses leads to the establishment of authentic and satisfying relationships. Jakubowski and Lange (1978) also point out that effective communication requires listening skills as well as assertiveness, and suggest that Gordon's (1974) model of problem solving offers a constructive method of negotiation. Deschner (1984) used an approach to listening and assertiveness based on the work of Gordon, whom she acknowledged, in order to help violent families to control anger and find alternative ways of interaction.

A.A. Lazarus (1973) suggests that assertiveness includes four basic concepts: the ability to initiate, continue and terminate a conversation, the ability to say "no", the ability to make a request, and the ability to express both positive and negative emotions, and all these, according to Lazarus can be learned.

The Impact of Ecological Changes on the Concept of Assertiveness

Alberti and Emmons (1998) building on their earlier work ranging through 1974 to 1986 (which based assertive behaviour on the personal rights of individual people), point out that assertion must be used appropriately and responsibly, and that in a changed world, self expression must also be modulated by the context. Assertiveness must be person and situation specific, and more careful assessment of what is appropriate is called for today. Assertive behaviour is self-expressive; respectful of the rights of others; honest, direct and firm; equalising, hence benefiting both parties in a relationship; both verbal and nonverbal; appropriate for the person and situation, socially responsible, not universal and learned, not inborn. Assertiveness is a matter of choice, which should be exercised with care and thought (Alberti & Emmons, 1998).

Assertiveness Training Research

Assertiveness training was early accepted as part of behaviour therapy from which it had originated, and empirical studies came largely from the same area (Eisler, Hersen, Miller & Blanchard, 1975; Eisler, Miller & Hersen, 1973; Linehan, (1977); Goldfried & Goldfried, 1979; Linehan & Egan, 1979; McFall & Twentyman, 1973).

Suggesting that assertiveness is a complex construct comprising a number of component behaviours, Eisler, Miller and Hersen (1973) investigated high assertive and low assertive behaviours in a sample of male psychiatric patients. High assertive individuals were found to differ from those who were rated as low assertive on five out of nine behavioural components of assertiveness in dyadic behaviour. Compared with low assertive patients, they were less likely to accede automatically to demands, and were more likely to ask the other to change behaviour. They responded audibly and faster to interpersonal problems, and with marked intonation. There was a tendency for them to respond verbally at greater length, but this did not reach significance. These results suggest that the high assertive patients stood up for their rights, and were more confident in replying and asking for what they needed. Length of gaze, fluency and smiling did not appear to have a specific effect on assertiveness. There was a significant difference between low and high assertive individuals on the Wolpe-Lazarus Assertiveness Test (1966) but not on the Willoughby Personality Inventory (1934).

In another study (Eisler, Hersen, Miller & Blanchard, 1975), it was found that interpersonal assertiveness varied in different situations and contexts. Sixty male participants were rated on their behaviours in videotaped role-plays of various situations, including those requiring negative or positive responses, and situations

with a male or female partner, familiar or unfamiliar. Negative situations elicited significantly different responses from positive situations, and all responses were in the expected direction for each. In negative scenes, individuals generally spoke for longer, with increased eye contact, greater affect, louder tones and increased response latency. The male participants talked less to women, but smiled more. They complied more to the requests of other men, but were more likely to request a female partner to change her behaviour than to ask the same thing from another man, showing significantly more assertiveness with women in negative situations than with other men, and with unfamiliar partners rather than those whom they knew.

The results in these studies underline the behavioural complexities present in the concept of assertiveness, and question the extent to which it is possible to generalise their implications. While it must be remembered that they relate to a clinical population, their purpose is to illuminate the differences between low assertiveness and high assertiveness, with a view to encouraging the latter as more adaptive. It was pointed out that there was a need to determine better the components of appropriate assertive behaviour in different contexts, including opposite-sex and same-sex interactions, and in positive and negative situations. The investigators concluded by suggesting that there was a lack of training for individuals to be more reinforcing to others, and there were few experimentally validated procedures for training them to increase their expression of affection, appreciation and satisfaction. Training should target increased assertive responding to identified deficits in specific types of interactions (Eisler, Hersen, Miller & Blanchard, 1975).

Linehan and Egan (1979) suggested that while there are a number of different definitions of assertiveness, most include self-expressiveness and standing up for one's rights, as well as various forms of interpersonal verbal skills. Most definitions

include emotional expressiveness (Salter, 1949, 1977; Lange & Jakubowski, 1976), except that of Wolpe (1969) who, as already mentioned, excluded the expression of anxiety, since his contention was that anxiety inhibits assertiveness and the purpose of training is to overcome it. Other definitions included the expression of needs, wants, opinions and beliefs, and some included verbalising positive as well as negative feelings (Linehan & Egan, 1979). Linehan and Egan (1979) point out that researchers have emphasised various assertive response styles including those that are open, honest, confident, and respectful of the rights of others, but they have also cautioned that inappropriate openness and honesty may become self-destructive. The effectiveness of an assertive response can be judged from three criteria, according to Linehan (1977): achievement of the objective of the response; maintenance of the relationship and maintenance of the self-respect of the assertive person. Heimberg, Montgomery, Madsen and Heimberg (1977) suggested that assertion should be redefined to include effective problem solving.

Social Rules and Assertiveness

Wilson and Gallois (1993) believed that more research should be conducted into the social rules that govern the implementation of assertiveness, as well as into gender differences about what is not only acceptable, but also effective. They suggested that research should now focus on assertive communication rather than assertion training. Their research on definitions of assertion has shown that while the professional literature has tended to regard self-expression as an end in itself (given its clinical origins), it has neglected the dimension of dominance in interpersonal relations, an issue which surfaces constantly, particularly in difficult situations of conflict. All the definitions from untrained participants, except those from middle-

class men, polarised concern for self and concern for others, suggesting that people find it difficult to be friendly and influential at the same time. The definitions generated and judged by the men were most at variance with the professional literature; they emphasised power and influence, and included aggression and coercion as part of assertive responding. Assertion is defined differently by males and females, which implies that in discovering what is appropriate and effective, it is important to take note of the social rules of behaviour. Both men and women in the research made clear distinctions between assertive behaviour and socially skilled behaviour, with women favouring a mutual style of relating as the most socially skilled, and men preferring an expert style of influence as the most socially skilled.

The Importance of Context

Wilson and Gallois (1993) concluded that assertive communication must be studied and trained in conjunction with the context in which it is to be used, including the goals, roles, rules and behaviours that are relevant to it. A pattern of socially appropriate behaviour emerged from this research, in terms of self-expression within relationship rules, including those for avoiding conflict. It was shown to be important to have a balance between personal needs and those of others, between task achievement and relationship development, and to increase perception of the appropriate level of directness in handling relationship difficulties. People need to be able to make informed choices about what is appropriate in a given situation. Being effective involves more than simply being assertive.

Overall the results of the study indicated that socially appropriate behaviour is not merely the expression of personal rights, but rather the expression of rights accompanied by the active expression of obligations. This confirms the

appropriateness of the mutual rights position, but it is more than simply not hurting the other, towards whom it prescribes an active position of respect and positive regard (Wilson & Gallois, 1993). It should also be kept in mind that assertive communication sometimes pushes against the resistance of the whole social system. One way in which resistance is found is through the culturally transmitted reluctance in Western society for people, particularly males, to disclose much about themselves, their motivations and particularly their real feelings in many situations, both in the workplace and at home. Research in this area has linked self-disclosure with self-awareness and with psychological health (Salter, 1949; Jakubowski & Lange, 1976; Jourard, 1964; Linehan & Egan 1979), and was seen by Gordon as an essential part of non-antagonistic assertiveness. He based the assertiveness component of his program for parents on the principles that it must be effective, honest and should not damage the relationship between parent and child (Gordon, 1976). This stance was confirmed by the findings of Linehan and Egan (1979), who pointed out that the effectiveness of an assertive response could be judged by whether it achieved the objective of the response, maintained the relationship and maintained the self-respect of the assertive person.

Research into Self-Disclosure

The first research into self-disclosure emanated from the University of Florida in the fifties (Jourard, 1971), beginning with a number of exploratory surveys into the concept of "real self-being" from the aspect of a healthy personality, and progressing from the scientifically-based development of questionnaires to experimental behavioural investigations. The question was one of how much people allow others to really know them, and Jourard (1963) realised that most people are very selective

about what they reveal. As a psychotherapist, he was constantly encouraging people to speak openly about themselves in order to manage their lives and relationships more effectively.

It should be kept in mind that in the light of societal changes that have taken place particularly in family structures, (in addition to methodological advancements), in the almost fifty years since the work of Jourard and his colleagues, it is possible that there would now be shifts in some categories of self-disclosure in the identified relationships.

Self-Awareness, Self-Disclosure and the Healthy Personality

Citing the personality studies of Fromm, (1947), Riesman, (1950) and Horney (1950) showing that misrepresentation of the self for various purposes is common, Jourard (1964) suggested that accurate self-disclosure was a mark of a healthy personality, while the inability to know oneself and reveal it to others was related to neurosis.

Jourard and Remy (1955) suggested that self-esteem is largely derived from the experience of being accepted by one's parents, and the resulting acceptance of self enables the person to establish close relationships with others, while people who reject much of themselves are less able to do so.

The attitudes and feelings of children towards their parents were found to affect the amount of their self-disclosure to them (Jourard & Lasakow, 1958). Other factors affecting self-disclosure were personal marital status, gender and ethnic effects, and ease of disclosure of different categories of personal information. Some validity and reliability was evidenced in the measure of self-disclosure which had been developed, and the study showed that the highest self-disclosure in MMPI

"normal"(sic) participants was given to mothers by young, unmarried participants, both white and black, with lesser amounts in descending order to same sex friends, fathers and opposite sex friends. The more the parents were liked, the higher the amounts of disclosure made to them.

The amount of self-disclosure was shown to vary with different categories of personal information, and was higher with attitudes and opinions, tastes, interests and work, and lower with money, personality and body. There was high disclosure within spousal dyads.

In a study of participants from a college of nursing, Jourard (1959) showed an interrelation between liking and knowing a person and the amount of self-disclosure that is made and understood. He pointed out that the data did not shed any light on whether liking or self-disclosure came first.

Gender Differences in Self-Disclosure

Men's self-disclosure was investigated by Jourard and Landsman (1960) who examined the relationship of knowing and liking and the "dyadic effect", that is the effect of reciprocity on self-disclosure. Results showed that liking someone had a lesser effect on self-disclosure for the men studied than the amount they knew about the partner, or the extent to which the other had confided in them. The correlation of liking and self-disclosure was much weaker than it was for women. It was suggested that the gender differences were indicative of the differing socialisation of the sexes - the "expressive" roles trained in females, and the ways men were trained to base their transactions with people on cognitive factors rather than emotion.

Reciprocity in Self-Disclosure

Jourard and Richman (1963) found that participants who reported that they revealed a good deal of personal information to their parents and closest friends also reported that their targets had revealed a lot to them. At the same time, those who reported they had disclosed relatively little to their significant others also indicated that the others had revealed little to them. The experimenters voiced a caution that the results could possibly be a "response set" from the participants, that is, they may have overestimated or underestimated the amounts of their own self-disclosure. On the other hand, the correlations were comparable with those from the earlier studies.

Cross-Cultural Differences in Self-Disclosure

A cross-cultural study (Jourard, 1961) showed that American female university students were higher disclosers than British female students; both groups disclosed more to females than to males, and both were selective about the amounts they disclosed to particular target persons. Puerto Rican students however, compared with American students, disclosed less personal data to both parents and friends.

In sum, Jourard was concerned about the need for human beings to be themselves among others rather than to hide their authenticity - the need to be honest and open. He queried why people generally chose semblance as being safer than disclosure, and pointed out that in concealment they also failed to know themselves. Transparency was perceived as risky, but it led to personal growth, and to the deepening of authentic relationships with others.

Assertiveness and the PET Program

Assertiveness provided a tool for confronting a child's unacceptable behaviour, but it had to be couched in terms which were clear, honest and likely to influence the child to be helpful rather than obstructive. As well, it must not be damaging to the relationship.

Accordingly Gordon (1976) based the assertiveness component in PET on these considerations, particularly referring to the work on self-disclosure of Jourard (1964, 1971). He believed that self-disclosure about the parent's own feelings would make it possible to confront a child's unacceptable behaviour while avoiding the antagonism caused by blameful descriptions. In addition it encouraged self-awareness on the part of the parent, and a deeper understanding of the emotions involved. Again the parent had to take charge of her own emotions in describing the child's behaviour without blame, and then disclosing her own feelings. The tool for assertion was therefore the "I-Message". Such a message does not generate the same amount of anger and defensiveness as most blameful statements. It describes the parent rather than the child (hence the term "I-message") and if honest is not really open to question. It leaves the child free to help the parent, and to act responsibly instead of being resentful and unwilling. If the child is defensive however, (having been presented with the problem of the parent's unaccepting feelings), the parent is advised to "change gear" and active listen the child's feelings before moving in again with the confronting message.

Chant and Nelson (1982) showed in a multiple baseline study, that a mother learned to use both Active Listening and I Messages with her 7-year old daughter after PET training, and that the daughter demonstrated increased emotional expressivity once the mother was using both the skills.

Positive I-Messages

Other self-disclosing messages are the direct opposite of confrontation, but they are even more important for effective parents, actively influencing the way their children behave. These are positive and appreciative "I-messages". ("You-messages" in comparison, are often patronising. "You made a good choice"; "You're really kind at heart".) Positive "I-messages" on the other hand, are self-disclosing, and have a genuine ring about them. Examples are: "I was really pleased when I came in to the kitchen and found it all cleaned up". "I love the colours in that dress". "I was delighted when I walked into the bathroom this morning and found it all so tidy". "I was very happy to see you had already brought in the rubbish tins". Any one of these is far more effective in influencing the child to repeat the behaviour than a host of criticisms, which are often literally tuned out by the child. It is necessary first to be clear about saying what is wanted, second to be patient for a little while the child gets the message and actually does it, and last but most important, to be instant with appreciation.

Conflict Resolution

The Conflict Resolution Movement of the 1950s

Following World War II, a group of researchers centred at the University of Michigan attempted to systematise the study of human conflict and possible ways of its resolution. They hoped to establish an interdisciplinary "science of peace", which in turn would lead to the prevention of war as a means of settling international conflicts (Harty & Modell, 1991). The movement flourished between the mid-fifties and the beginning of the seventies, and established the Journal of Conflict Resolution,

aiming to set up a generic theory of conflict resolution and encourage academic empirical studies. It was envisioned at the time as part of the burgeoning behavioural sciences, with an emphasis on concrete problems, formal methods and statistical analysis. The hope was that studies would focus on all levels of conflict, interpersonal, intergroup, as well as conflict within persons, but with the ultimate aim of shedding light on the causes of international conflict and better ways of dealing with it. Harty and Modell (1991) point out, however, that the movement generated little empirical work, and studies remained largely abstract, except for those founded on game theory, such as that of Deutsch (1959) which produced generalisations about individual behaviour under certain circumstances. Game theory did become a focus for experimental work, but was concentrated on psychological aspects of decision-making behaviour, and the movement failed to have impact on government policies or international relations. Nevertheless an important achievement of the first conflict resolution movement was the opening up of what is now a major field of activity and study, both theoretical and applied, focusing on practical techniques for conflict resolution at every level in many real-world contexts (Harty & Modell, 1991). A new urgency in finding alternatives to violent solutions to human conflicts has emerged as peace psychology, generating both theoretical studies and practical applications on an unprecedented scale in numerous countries and contexts (Christie, Wagner & Winter, 2001).

Practical Applications of Conflict Resolution

There has to date, however, been a greater theoretical focus on the practical applications than upon experimental research (Littlefield, Love, Peck & Wertheim,

1993; Davidson & Versluys, 1999), perhaps because of the increasing urgency of an understanding of nonviolent methods of solving conflicts.

Fisher and Ury (1983) advocated a focus on interests rather than positions, and Burton (1984) made a distinction between values, interests and needs. The first two, he believed, are specific to the goals of individuals, parties and cultures. They are subject to priorities and to change. Needs, on the other hand, relate to universal goals. Examples are the need for security and for identity. Maslow (1970) maintained this distinction in his hierarchy of needs. Littlefield et al. (1993) in their conflict resolution model, refer primarily to interests, but point out that the term is often intended to include basic human needs in Maslow's sense of the word.

Motivation and Needs

The focus on needs in PET derives from Maslow's (1970) motivational theories which conceptualise the legitimate needs of human beings as existing in a hierarchy of developmental stages from birth to ultimate achievement. Abraham Maslow was originally an experimental psychologist, working in the field of dominance and sexuality in primates, and later with humans. The hierarchy of needs (Maslow, 1970) presented as a chart in PET, first appeared as a theory of human motivation and he continued to expand and develop it. Human beings, he believed, are not moulded or shaped from the outside, but have within themselves the potential for creativeness, spontaneity, authenticity, caring for others, being able to love, and searching for truth. Striving for these is a sign of emotional health. On the other hand, those people Maslow described as deficiency-motivated were able only to pursue their own unmet needs (Hoffman, 1988). Validation studies of the theory subsequently appeared (Aronoff, 1970; Aronoff & Messe, 1971; Damm, 1972).

Recently, interest in the concept of emotional intelligence has resulted in more sophisticated investigations which have theoretically affirmed and experimentally supported Maslow's ideas of motivation leading to emotional health and self-actualisation (Bar-On, 2001).

The Bar-On model of emotional intelligence (Bar-On, 1997) was found to have ten key factorial components: self-regard, emotional self-awareness, assertiveness, stress tolerance, impulse control, reality testing, flexibility, problem solving, empathy and interpersonal relationship. The construct was tested and validated (Dawda & Hart, 2000) using the Bar-On Emotional Quotient Inventory (EQ-i) (Plake & Impara, 1999). Using the EQ-i, Bar-On (2001) has shown that emotional intelligence, (EI), (Le Doux, 1998; Mayer, Caruso & Salovey, 2000) and self-actualisation (Maslow, 1954, in Bar-On, 2001) are highly correlated, based on a large cross-cultural study, with a North American sample (n=3831), an Israeli sample (n=2702) and one from the Netherlands (n=1639). Results suggest that the thrust for self-actualisation is facilitated by high scores in emotional intelligence. People who attain self-actualisation, according to Maslow (cited in Bar-On, 2001), show the abilities to perceive and be comfortable with reality; accept themselves, others and nature; focus on problems outside of themselves rather than within, and have a mission in life; to be detached and have a need for privacy; to be autonomous; to be constantly appreciative of life; to have peak experiences; to exhibit feelings for mankind; to have deep interpersonal relations; to be democratic rather than authoritarian; to have a kindly sense of humour; to be original and creative; and to resist enculturation.

Maslow's methodology may have been questionable according to Bar-On (2001), but the sophisticated analyses possible today confirm his findings, and Bar-On

believes that emotional intelligence plays a part in self-actualisation, which in turn, is related to well-being and emotional health.

The Quest for Stable Outcomes

Data from conflict studies suggest that factors such as the inclusion of all involved parties in problem solving (Coleman & Deutsch, 2001; Opotow, 2001), and basing solutions on needs and interests rather than positions (Littlefield et al., 1993; Sanson & Bretherton, 2001) are also important for long-term stable outcomes. Openness about needs is more likely to result in an integrative solution (Carnevale & Pruitt, 1992). Conflict can have positive effects, including encouraging creativity about solutions (Gruber, 2000). Properly handled it can lead to growth and improved relationship. The aim needs to be the refusal to use power and coercion in both the solutions and the means by which they are achieved (Gordon, 1970; Sanson & Bretherton, 2001).

Sanson and Bretherton (2001) also point out that communicating one's own needs in a conflict resolution process must take account of the fact that the opposing party may not be able to listen effectively, but that open disclosure using "I-statements" promotes self-awareness and the effective articulation of needs while avoiding the use of blame and criticism.

Encouraging Cooperation

Brams & Taylor (1996) have tackled the problems of fair dispute resolution in many different contexts, evaluating experimental mathematical models and solutions, envy-free procedures for division of goods and money, and solutions which employ

auctions and voting. They conclude that dispute resolution procedures that allow for cooperation and more far-sighted thinking need to be investigated (Brams & Taylor, 1996).

Encouraging Cooperation

Deutsch (2000) distinguishes cooperation from competition in conflict processes, and the difference affects whether the conflict takes a constructive or destructive course. Deutsch suggests that cooperation induces and is induced by readiness to be helpful, similar attitudes, openness, sensitivity to common interests and encouraging mutual rather than unilateral power. Competition, on the other hand, induces and is induced by coercion, threats, poor communication, hostility, rigidity and sensitivity to interests that are opposed (Deutsch, 2000). As a result of their empirical work in this area, Eisler and Fredericksen (1980) concluded that from a social learning perspective, a major goal of intervention for society is to provide more appropriate skills for handling interpersonal conflict resolution.

On the practical level, cooperation is encouraged by the use of "I-statements" to communicate one's own needs rather than "you" statements which can convey blame, and by listening for and acknowledging feelings (Littlefield et al., 1993; Sanson & Bretherton, 2000). Joint ownership of the solution leads to more satisfaction (Wertheim, Peck, Love & Littlefield, 1998, in Sanson & Bretherton, 2001), and being aware that it may be necessary to loop back to previous stages is also important (Rubin, Pruitt & Kim, 1994; Littlefield et al., 1993).

Creativity in Conflict Resolution

Brainstorming (Maier, 1960; Osborn, 1963) has generated considerable attention and research. It includes suggesting as many creative options as possible for solving a problem (Burton, 1987), adding to the quantity and variety of ideas, encouraging flexibility, including solutions that may initially appear to be "way out" and ridiculous, which can lighten tension, and lead to more creative solutions. Furthermore insisting on the deferment of evaluation until they are all noted is useful, because premature evaluation inhibits further ideas (D'Zurilla, 1988). Coleman and Deutsch (2000) point out that creativity in problem solving needs time, suitable space and a certain amount of playfulness in suggesting solutions while yet remaining serious about the problem or conflict and finding an acceptable solution. It is important that all suggestions are encouraged, especially by facilitators, so that the self-confidence of less powerful participants is maximised. Nevertheless it must be recognised that participants focus both on the openness of creativity and the ability to arrive at closure by making a decision. One factor that is often overlooked in this process is the primary one of adequate problem definition (Coleman & Deutsch, 2000). Persistence is important, because there is a human tendency to opt for less satisfactory arrangements simply to finalise matters, but also because creativity is not as is sometimes supposed, a matter of sudden insight, but is generally encouraged by systematic steady work (Gruber, 2000).

Conflict Resolution Research

Styles of Conflict Resolution

Sternberg and Dobson (1987) investigated the stylistic consistency of individuals in interpersonal conflicts, and found that people showed strong preferences for particular styles of conflict resolution, that these were consistent over different relationships, and that the preferences shown in real relationships were similar to those found in research into hypothetical conflicts (Sternberg & Soriano, 1984). Sternberg and Dobson (1987) found four main factors in conflict styles: active/mitigating, passive /mitigating, active/intensifying and passive/intensifying. Individual style in another situation or with another person is the best predictor of an individual's style in an interpersonal conflict, ahead of personality needs and intellectual ability.

In a study of the relationship of conflict resolution processes, value systems and level of conflict between adolescents and their parents, Pearson and Love (1999) focused on the four basic strategies of resolution: problem solving, contending, yielding and avoidance (Rubin, Pruitt & Kim, 1994), and on caring-based and justice-based value systems (Gilligan, 1982). It was found that where levels of family conflict were lower, adolescents preferred problem solving rather than contending, and that a care-value system was associated with lower levels of conflict, and interestingly, with being male. Contrary to expectation, a justice value-system, was not found to be directly associated with levels of conflict, but was associated with higher preferences for contending, which did relate to higher levels of conflict, and so had an indirect effect on the level of conflict (Pearson & Love, 1999). Gilligan (1982) points out that care values promote greater use of problem solving, willingness

to take on the perspective of others, fostering pro-social relationships, and reducing the perception of opposing interests. Pearson and Love (1999) conclude by suggesting that fostering care values, and teaching communication skills to children and adolescents are both important for reducing levels of family conflict, for prevention of problems, and reduction of family stress.

The Effects of Training in Outcomes of Conflict Resolution

Feeney and Davidson (1996) evaluated the Conflict Resolution Model (Littlefield et al., 1993) in a study in which half the participants had undergone three hours per week of conflict resolution training for three weeks and half were untrained. In a ten-minute videoed discussion each pair sought a win-win solution on an issue on which they had polarised views. There were three conditions, trained/trained (n=6), trained/untrained (n=12), and untrained/untrained (n=6). Results showed that participants in the trained/trained condition attained the highest ratings for win-win solutions, while both the trained/trained and trained/untrained conditions were rated significantly better than the untrained/untrained condition, confirming the value of training in using the model (Littlefield et al., 1993).

Even brief training in conflict resolution has been shown to have significant positive effects on outcomes. Davidson and Versluys (1999) evaluated short periods of training in cooperation and problem solving, two major components of the Conflict Resolution Model (Littlefield et al., 1993). The study involved 40 experimental participants, half of whom were trained. Twenty pairs, one of whom had undergone training, interacted in a videotaped discussion of a subject upon which they held opposing views, but had to make a joint recommendation. Results showed that training in each component significantly improved success on the outcome and related

process measures, and generalised at least to some of the latter. However brainstorming was successful only in the group that had also received training in cooperation, which it was suggested might be necessary for implementation of brainstorming skills.

Training School Children in Conflict Resolution

Training school children in conflict resolution skills has been advocated as an important step in reducing social conflict (Coleman & Deutsch, 2001; Galtung & Tschudi, 2001; Gordon, 1974; Tidman, 1992). Tidman (1992) suggests that the school culture must teach conflict resolution experientially by operating cooperatively on every level. Nonetheless this is rare, since schools generally mirror society as it is rather than model desirable social change. Galtung and Tschudi (2001) pointed out that for nonviolent conflict resolution and problem solving to be successful in schools, every adult must be trained as well as the students.

Sandy and Cochran (2000) point out that poor grades and dropping out of school can often be traced to lack of socio-emotional skills including conflict resolution, which is important for both children and adults. Moreover they emphasise that the converging evidence from education, neuroscience and psychology shows that early childhood is the time when the crucial foundations of all later development and intellectual growth are set down. Cooperative discipline, based on mutual affection and trust between teachers, parents and children, can be taught and implemented at age appropriate stages to children in school. It involves teaching the child to understand her own feelings and those of other people, and the consequences of her actions rather than simply teaching obedience. The goal is to promote internalisation of standards of right and wrong.

Davidson and Versluys (2000) evaluated a training based on the Conflict Resolution Model (Littlefield et al, 1993) within a school setting. They found that compared with untrained participants, the students who had undergone twelve hours of conflict resolution training over three weeks recorded skill gains in active listening, assertiveness, mapping the conflict and designing options in conflict situations. Moreover it was found that these skills could be elicited in an untrained participant by interaction with one who had been trained.

Training school children in conflict resolution skills using both constructive conflict resolution and cooperative learning was shown by Zhang (1994) to lead to higher self-esteem, more positive attitudes to life, less depression or anxiety, and enhanced locus of control. These in turn, contributed to greater academic achievement. Johnson and Johnson (1996) found similar results over five years of research between 1988 and 1994. Students were found to learn the conflict resolution procedures taught, retain their knowledge throughout the school year, and apply it in actual conflicts. Their skills generalised across school and nonschool settings, including family, and the students engaged in problem solving rather than win-lose negotiations following training.

Sarason and Sarason (1981) showed the benefits of modelling and role-playing in teaching social skills to high school students in a school with high rates of delinquency and drop-out. The trained students were able to approach problem solving more adaptively than controls, and in a one-year follow-up showed fewer absences, less tardiness and fewer behaviour referrals. The results pointed to a useful and cost-effective approach for prevention of behavioural problems.

Gender Differences in Conflict Resolution Style

A number of studies have found that females generally have more conflict resolution skills than males. Osterman, Bjorkqvist, Lagerspetz, Landau, Fraczek and Pastorelli (1997) reported a cross-cultural study of non-violent conflict resolution (n=2094) over three age groups in four different countries. They found that girls tended to make use of dyadic constructive conflict resolution and third-party mediation more than boys did. These results were consistent with earlier results such as those of Miller, Danaher and Forbes (1986) who in a study of 5 and 7 year-olds, found that in a conflict situation boys used threats and physical force more than girls who more often attempted to mitigate the conflicts. However girls use indirect aggression more than boys do (Osterman et al., 1997). Since girls mature faster than boys (Kohn, 1991) they may be better at conflict resolution than boys in adolescence, and they may still have an advantage in adulthood, where females show a preference for negotiation and males more frequently use threats (Gire & Carment, 1993).

Osterman et al. (1997) cite a number of findings which show gender differences in conflict resolution style. Watson and Kasten (1989) and Miller (1991) both showed that where conflicts are perceived as win-lose situations, males are more effective than females, because the latter tend to prefer problem solving without sacrificing relationships. In a study by Weingarten and Douvain (1985) males were shown to be task-oriented as mediators, looking for short-term solutions, and trying to direct or control negotiations. In contrast, Wall and Dewhurst (1991) found that females were more comprehensive, tried to get to underlying problems, and clarify what was said by the disputants, all of which tended to lead to more satisfactory, lasting solutions. Stamato (1992) points out that females are good negotiators, and warns that negotiation training often ignores this, encouraging women to adopt a more

masculine style (all cited in Osterman et al., 1997). Women emphasise relationship building, reconciliation, cooperation, networking and both interpersonal and intrapersonal processes. This gendered thinking is often ignored in scholarship and practice (McKay & Mazurana, 2001).

Conflict Resolution and the PET Program

Gordon's (1976) six-step process of problem solving and conflict resolution, so central to PET, derives from the work of philosopher and educationalist John Dewey (1933, 1938). For Dewey, the process of inquiry was itself experimental (Geiger, 1958), and successful inquiry had to follow a pattern (Thayer, 1952). In *How We Think* (Dewey, 1933) five steps are suggested to settle a problem, and in *Logic: The Theory of Inquiry* (Dewey, 1938) there are six steps. Basically the process calls for examination of the possibilities for solving a problem situation, and the ultimate choice of one that is suitable. In PET creativity through "brainstorming" is emphasised, and all the skills learnt in the course, including empathic listening, understanding of each person's needs, assertiveness, problem solving and mutual respect are brought into play for the resolution of conflict.

Gordon's PET program, including the six-step method of problem solving was first published in 1970, eight years after he began teaching it. The idea of breaking down the method needed for the successful resolution of conflict into learnable and manageable steps had considerable appeal. Several similar problem-solving techniques using sequential steps were subsequently developed, for example, Brammer (1973) using ten steps; D'Zurilla and Goldfried (1971) with five steps, later given the acronym SOLVE; and Janis and Mann, (1977) with seven steps. The Harvard Negotiation Project (Fisher & Ury, 1983) suggested five steps for use in the

public arena and internationally. The same sort of system was recommended in psychotherapy by Egan (1986), who acknowledged Gordon's work.

The several-step techniques all suggest examination of possible alternatives - "brainstorming". D'Zurilla and Goldfried (1971) and Egan (1986) regard goal setting as part of the process of resolving conflict, while Fisher and Ury (1983) suggest "focusing on interests, not positions". The same stand is taken by McKay, Davis and Fanning (1985) who also propose negotiating in five steps. Janis and Mann (1977) mention "essential requirements". Brammer (1973) includes clarifying the values underlying a personal choice, stating that helpees must know what they need and desire, and their priorities.

Gordon (1976) believes that looking at the problem in terms of the needs of all parties is fundamental. Doing this brings interpersonal skills into play, thus setting the stage for cooperation rather than competition. This calls for self-control on the part of all concerned. In such a situation, participants have to employ listening skills, to practise assertiveness and openness, to trust and show themselves trustworthy. There is no room for any hidden agenda (Gordon, 1977a).

Success in the PET form of conflict resolution depends on several factors. Most important is the understanding that no party to the dispute is going to impose a solution. Mutual agreement must be reached. Parents often feel threatened, initially, at the mere thought of such an apparent abrogation of authority, but in fact they are safeguarded by the fact that neither side must ever agree to a solution that is not honestly found to be truly acceptable. Mutual decision-making rather than the use of power is the embodiment of Gordon's last three principles in his (1970) theory of personal relationships.

Communication Skills and Social Competence

Developmental research has shown that the qualities which parents need to foster in their children so that they become competent members of society include positive emotional control, persistence and flexibility (Baumrind, 1980; Gottman & Silver, 1999; Prior et al., 2000; Pryor & Woodward, 1998). These qualities provide resilience and encourage adjustment in adversity (Maughan & McCarthy, 1997; Pryor & Woodward, 1998). They are fostered by teaching cooperative skills, using empathy and appropriate assertiveness, and encouraging responsibility (Gottman, 1997; Prior et al., 2000). Children raised in this way present fewer behavioural problems (Gottman & Silver, 1999). Patient training by parents of children's social skills and problem solving skills promote their self-efficacy and self-esteem, which can be built up from infancy onward (Halberstadt, 1991), as can the essential nonverbal skills (De Paulo, 1991). These all need continual training, practice and refinement through to adolescence and later.

The strengths which nurture all family members have also been established, including mutual respect, positive and affirming communication, commitment to each other and to mutual problem solving without coercion. Strong families provide opportunities for teaching negotiation and conflict resolution (Galtung & Tschudi, 2001; Kostelny & Garbarino, 2001) as well as for creative problem solving (De Bono, 1993; Sanson & Bretherton, 2001; Seligman, 1995).

Social Competence and the PET Program

Current understanding emphasises the importance of training children to acquire empathic competence, to be persistent, to use appropriate assertiveness, to

seek honest problem solving, to be flexible and look for creative ways of solving conflicts. The PET course is tailored to fulfil those needs for parents.

The PET model for empathic listening has been acknowledged, applied and widely disseminated in the literature (Bolton, 1993; Egan, 1986; McKay, Davis & Fanning, 1985; Nelson-Jones, 1986), as has its approach to appropriate assertiveness using openness, honesty and genuineness (Alberti & Emmons, 1998; Jakubowski & Lange, 1978; Nelson-Jones, 1986). In conflict resolution, Gordon's model, affirming openness, creativity, a commitment to eschew coercion, and seeking to reach agreement rather than control, is used in a structured parenting program for couples and families (L'Abate & Weinstein, 1987). It continues to be influential and is currently advocated in studies of peace and conflict (Sanson & Bretherton, 2001).

The requirements for effective empathic parenting have been established in research (Gottman & Silver 1997; Gottman, Katz & Hooven, 1997; Prior et al., 2000). They are provided in PET through intensive training of parents in affirming communication, empathic listening, awareness of feelings, congruent self-disclosure, appropriate assertiveness for confrontation of unacceptable behaviours, creative problem solving skills and cooperative conflict resolution. Focusing on the actual language used, PET provides templates for active listening and assertiveness, while at the same time suggesting that parents apply them in their own family's verbal style. Problem solving and conflict resolution are tackled, using role-play cards and working through parents' real life situations. Over eight weeks, the trained instructor coaches the parents, who also participate in group discussions, role-plays and re-enactments of problematic family interactions from the previous week. Throughout the course, PET parents learn to preserve and enhance their relationship with the child who is encouraged at the same time in responsible self-efficacy.

CHAPTER 4. EVALUATIONS OF PET

Overview of the PET Evaluation Literature

The specific literature relating to PET is extremely complex, consisting of critiques of the philosophy and values of PET, practical evaluations which attempt to place PET in the wider context of parenting programs, and several overlapping literature reviews as well as empirical research. More than 50 unpublished experimental studies and dissertations have been discussed elsewhere (Wood, 1990).

Research Methodology

Poor methodology in the early research was first raised by Rinn and Markle in 1977. They argued that the studies were inadequate, and that therefore the worth of PET had not been satisfactorily established. The criticisms (relating to the methodology) were taken up by a number of authors such as Clarizio and McCoy, (1983), Dembo, Sweitzer and Lauritzen, (1985), and Todres and Bunston, (1993), and were extended to include the philosophy of PET, e.g. Krebs, (1986). Todres and Bunston's study also relied largely on the early mostly unpublished PET studies which had previously been questioned by Rinn and Markle (1977).

Early empirical investigations of PET suffered from the same difficulties as beset social skills and assertiveness training programs - a situation discussed by Curran (1979). The same criticisms in relation to methodology were noted in the behavioural training literature (Bijou, Peterson, Harris, Allen & Johnston (1974); Johnson & Bolstad, 1973). Rinn and Markle's (1977) critical review of the early studies pointed out many methodological problems, including lack of random assignment of participants to groups, reliance on self-report data rather than objective

behavioural measures, inappropriate statistical procedures, absence of adequate control groups, disregard for demand characteristics and absence of long-term follow-ups. It was recommended that future investigations should include attention to design, assessment of both process and outcome variables, and that there should be more use of standard instruments.

Of the 14 studies presented by Rinn and Markle (1977), only one had been published (R.S. Larson, 1972), and its results were questioned due to lack of inferential statistics. Seven were doctoral dissertations, one a master's thesis, four were noted as "unpublished manuscripts" and one was not given any description. Because the research literature was "not readily accessible to researchers and practitioners" (Rinn & Markle, 1977, p. 95), the review was intended to summarise and critically evaluate the outcomes of PET research. The studies were divided into two groups: single-group outcome studies and control-group outcome studies.

As Robson (2002) has pointed out, there are many problems with single-group experimental designs, not only those using a posttest only, but also those using pretest as well as posttest. The latter are vulnerable to threats to validity such as the history of the group, with posttests being affected by events other than the treatment influencing the outcome, with maturation effects such as other developments within the group, and through statistical regression, where a group improvement of some kind is shown but is due to random statistical effects unconnected with the treatment. Even the use of a non-equivalent comparison group with a posttest only design is flawed, because it is not possible to show that any difference in outcome is, in fact, due to the treatment.

While Rinn and Markle (1977) considered that the PET investigations using a control group were more powerful than those with only a single-group, they suggested

that none of the studies was rigorous enough to establish the effectiveness of the program. They acknowledged that these problems were general in the research literature involving psychotherapy, and not specific to PET. Nevertheless they concluded that the available data did not support the assumption that PET was effective. It was unfortunate that "both the quality and the results of PET *research* (italics added) have been disheartening" (Rinn & Markle, 1977, p. 107) but Gordon was complimented for his pioneering efforts in educating parents. The suggestion was also made that the PET administration should initiate a systematic program of research and evaluation.

Robson (2002) observes that there is constant ongoing controversy about the "gold standard", which is generally assumed to be the mandatory use of the randomised controlled trial (RCT). Particularly in the current era, where there is constant competition for grants and funding both for research and for social programs, "evidence-based" investigations are held by some to be essential. The proponents of the RCT argue that a well-run experiment of this kind provides numerical evidence readily understood by managers and governments, and that it generates trustworthy data. On the other hand, Robson (2002) suggests that there are some disadvantages in using RCTs for social research, including the reluctance of politicians to be actually influenced by experimental outcomes, equivocal results in many social investigations, and the ethical difficulties of applying aspects of the RCT such as random allocation to groups of people who are seeking a particular intervention to treatment and control groups.

Similarly Eastman (1983) pointed out that Rinn and Markle (1977) were assuming that the traditional empirical design is mandatory for the study of human groups, a view which she questioned because of the constraints that arise due to the

need to respect family privacy, particularly in volunteer and self-selected groups. She suggested that it may in fact be impossible to fulfil all their criteria in any one study. Eastman cites Gurman and Kniskern (1981), who argue that it is impossible to have a true control group or to truly match experimental participants and controls, and that to delay voluntary participation in a program may be unethical. Eastman also points out that the results of self-report studies and studies without control groups are consistent with those using traditional empirical design. In addition, converging results are shown in studies which use combinations of self-report, reports by significant others and objective measures, while assessments by self-report and participant observation tend also to give reliable data.

Nevertheless the review by Rinn and Markle (1977) alerted researchers to deficiencies in PET studies, and offered valuable guidelines for future investigations. It was unfortunate that its criticisms were seen as applicable to PET itself, and that this view was taken up (Clarizio & McCoy, 1983) to reappear nearly a decade later (Krebs, 1986). One reason was the paucity of well-designed studies, and another might be that Gordon (1980) had included many of the unpublished studies in support of his claims for PET, and appeared to have ignored the question of methodological inadequacy (Cedar, 1985). Levant (1983) suggested that the presence of so many methodological problems in the studies cited was unfortunate and misleading because it obscured the actual value of the program. This view was judged correct by Cedar (1985) in the light of his meta-analysis.

Subsequent Reviews of Parent Training Program Evaluations

In their review of three types of parent education programs - Behavioural, PET and Adlerian - Dembo, Sweitzer and Lauritzen (1985) used 21 PET studies. Eight of them were featured by Rinn and Markle (1977) and 12 by Levant (1983), seven being included by both. Dembo et al. (1985) included only three published PET studies plus two PET comparison studies, whereas they included 15 published behavioural studies, and nine published Adlerian studies. These authors pointed out the same inadequacies in the PET studies as did Rinn and Markle (1977) and Levant (1983), and surmised that unpublished studies may not have gone through the rigorous review process that is imposed by most referreed journals. Nevertheless these studies were included since they were cited by Gordon, who recognised their variable quality but stated that they showed that PET produces important changes in parents and subsequent positive effects on children (Gordon, 1980). Dembo et al. (1985) disputed this claim on the available evidence. They pointed to one unpublished PET study by Miles (1975) as being better designed, making no mention of the three superior investigations favoured by Levant (1983) (see below), although two were included in their review (Geffen, 1978; Mee, 1977). In analysing the quality of the various studies, Dembo et al. (1985) gave special attention to the size of groups, leader qualification, use of control groups, random assignment to groups, specificity of methods and procedures, use of multiple-criteria outcome measures and follow-up assessment which had all been regarded as necessary by Levant (1983). Dembo et al. (1985) stressed that research was needed to establish which population variables should be controlled where random assignment was not possible. There was a need for development of sensitive new outcome measures. Furthermore they added that complete factual information should be provided for prospective participants,

including validation by research, possible negative effects, qualifications of leaders, and the rights of parents with regard to confidentiality and participation. This, they believed, would counterbalance the emotional success stories offered by Gordon (1980), a view shared by Doherty and Ryder (1980). The present author considers that there is a need for a factual handbook about PET, in order to give parents some objective idea of the program, which as Doherty and Ryder (1980) pointed out, may very well challenge their world view.

In his comprehensive review of client-centred skills training programs for the family, Levant (1983) included the following categories: (a) Training for Treatment; (b) Training-as-Treatment; and (c) Training for Enhancement. Parental programs were placed in the training for enhancement section, a view which accorded with that of L'Abate (1981). Listed were 24 PET outcome studies, nine of which had already been evaluated by Rinn and Markle (1977). The focus was on the unpublished doctoral dissertations and published articles, leaving out unpublished, single-group, analogue and masters thesis studies. Once again many methodological problems were found in the studies under review. However, three studies (Geffen, 1978; Giannotti, 1979; Mee, 1977), all unpublished doctoral dissertations, met Levant's minimal criteria for an adequate study: i.e. use of a nonattendant control group, random assignment to condition, use of standard PET procedures, employment of standardised dependent measures and appropriate use of inferential statistical tests. These three studies, therefore, produced a "modest degree of support for the efficacy of PET, in contrast to the conclusions of the earlier review by Rinn and Markle (1977) and of a recent critique (Doherty & Ryder, 1980)" (Levant, 1983, p.41), and perhaps poor methodology in general was "masking" the actual effect of PET. Some support was therefore accorded to the efficacy of the PET program.

A short review of comparative studies (Schultz, 1985) again pointed out the methodological problems found in some of the investigations cited. Of the seven listed, four had been published, and these plus one other were included by Levant (1983). Two were cited in the Dembo et al. (1985) review. Schultz recognised the extreme difficulty of mounting impeccable research in the parent education area, and proposed a "continuum of fallibility" along which researchers must strive to improve. According to Schultz (1985) progress is dependent on the establishment of a firm empirical foundation and could be helped by education of the public.

Krebs (1986) presented a summary of research reported on parenting programs from (a) behavioural (b) Adlerian and (c) communication approaches, which were PET based. In an accompanying table, four empirical investigations relative to PET are shown, juxtaposed with Doherty and Ryder (1980) and Rinn and Markle (1977). Three of the empirical studies cited were included by Levant (1983) and two by Dembo et al. (1985). Rinn and Markle (1977) expressed reservations about PET on the grounds that the available data did not support the assumption that the program was effective, because the research itself was flawed or inadequate. However, Krebs (1986, p.384) maintained that both Rinn and Markle (1977) and Doherty and Ryder (1980) presented "highly critical commentaries on PET". The latter authors, in fact, criticised the PET philosophy, and claimed that two PET workshops conducted by the first author, Doherty, were initially well received by parents but had several negative longer-term effects. The second author voiced his conviction that he had "longstanding misgivings about the use of communication techniques in intimate relationships", (Doherty & Ryder, 1980, p.409). No empirical data were presented.

Doherty and Ryder further criticise PET on the grounds that it technologises parent-child relationships, using jargon to describe its techniques, for example "using

Active Listening", and "sending I-Messages". If the latter "do not work" the parent is advised to "shift gears" back to Active Listening (Doherty & Ryder, 1980, p. 412). The authors further suggest that parent training in interpersonal communication is unnecessary and possibly dangerous because it may be used to manipulate the child, that authoritarian parents may use Active Listening to solidify their control, that some parents may lose confidence or feel guilty for mistakes, and that PET may cause unnecessary division in families. Finally Doherty and Ryder (1980) point out that they believe PET to be a significant social program with potentially important impact on parents, both for good and ill, and they hope that the paper will stimulate serious professional discussion about the pitfalls of the parent education movement.

The points made by Doherty and Ryder (1980) are worthy of some comment, particularly in the light of changes over the past twenty years. In the first place, their comments about PET jargon are no longer applicable, since most of the PET language has passed into popular parlance as well as into a good deal of the psychological literature, whether or not it is well understood. Of more importance is the question of whether PET may be used by parents to manipulate their children. Gordon (1976) points out that children are readily aware of attempts at manipulation, and that methods such as Active Listening will not succeed unless the parent genuinely wants to help, has time and place to listen, and is feeling sufficiently detached from the problem expressed by the child. These conditions have also been found necessary for successful empathic listening in more recent research (Ickes, 1997). Doherty and Ryder's (1980) concerns about parental loss of confidence and guilt at past mistakes are based on a consideration of Gordon's claim that most parents' helping attempts, which he labelled "roadblocks" do in fact block the child's ability to solve his own problems, and take away the opportunity for development of personal responsibility.

According to Gordon (1976) "roadblocks" are also *ineffective* in dealing with problems. There is little doubt at the present time that effective programs are needed to help parents to cope with the kinds of problems that face families coping with the vast changes that have impacted on them over the past twenty years (Eckersley, 1998; Garbarino & Bedard, 2001; Gottman & Silver, 1997; Prior et al., 2000). One claim made by Doherty and Ryder (1980) has perhaps more substance than the others, that is that PET taken by one parent in a two-parent family may have a divisive effect on the family system. Their solution would be that PET should be undertaken as a family.

It can be seen that there is little consensus about which studies are acceptable, and that the literature is highly confusing. The most stringent criteria to be applied to the studies were those of Levant (1983). It is, therefore, important to note that his review suggested support for the PET program, as did the Cedar (1985) meta-analysis discussed in the next section.

Gottman, Katz and Hooven (1997), in a brief evaluation of parent training programs, including behavioural programs, suggest that they have generally been found to be effective although there are few well-designed studies with a control group and long term follow-up. These authors see that STEP is derived from Adler and Dreikurs, and consider that PET has "borrowed ingredients" from a variety of different traditions. However Gottman et al. (1997) seem to be completely unaware of the actual content of the PET program since they assert that like the other popular programs, PET fails to relate the parent's own emotions to those of the child. Furthermore they add without acknowledgement, that a meta-analysis of 26 studies of PET reported only a modest overall effect size of 0.33 although it showed that there were significant effects on parents' knowledge, attitudes and behaviour, and on

children's self-esteem, effects which had been shown to endure up to 26 weeks after treatment. These results are obviously those from Cedar (1985), subsequently published by Cedar and Levant (1990). Rosenthal (1994) has pointed out the value of meta-analysis in increasing the utility of a number of individual studies and showing the importance even of small effect sizes.

Meta-analysis of PET Evaluation Studies

In their (1990) article, which reports the results from the meta-analysis conducted by Cedar (1985), Cedar and Levant point out that because of the difficulty of making sense out of the body of accumulated PET outcome studies of such various methodologies and apparent value, a more powerful method of evaluation is needed than those previously employed. They suggest that meta-analysis (Smith, Glass & Miller, 1980; Glass, McGaw & Smith, 1981) would meet this need. The technique of meta-analysis is essentially one of applying a statistical analysis to a body of research literature on a specific topic, by extracting empirical information, and analysing it in much the same way as if it were a single study. Traditional methods of review face many problems, including the size of the literature, the criteria for inclusion of studies, the varying orientations, populations used, instrumentation, duration of studies, and the criteria of significance as Anastasi (1981) found in reviewing the literature on sex differences. There is a need to achieve a systematic integration of the original data from the studies included and to find a means of empirical investigation of all research, both published and unpublished (Light & Smith, 1971). Meta-analysis results in the production of a single set of numbers with which to make a reliable assessment of the entire body of research. The key to aggregation of the findings is the effect size statistic (ES), a standardised mean difference score, essentially the

same as a Z score and interpreted similarly if a normal distribution is assumed (Cedar & Levant, 1990).

Cedar and Levant (1990) used the following criteria for inclusion of studies in the meta-analysis:

1. use of a control group
2. use of pretest and posttest
3. use of quantitative measures and inferential statistics.

Studies whose PET participants were not parents were excluded.

From a pool of 60 studies, Cedar and Levant were able to analyse 26 including the three which met Levant's (1983) strict criteria, plus four considered of superior design by Cedar (1985). They also included 12 of the less satisfactory studies described by Levant (1983), and 11 of those reviewed in a similar light by Dembo et al. (1985). Eight were included by both Dembo et al. (1985) and Levant (1983). It was shown to be important to include both published and unpublished studies in the meta-analysis technique. Cedar (1985) considered that this meta-analysis represented the most comprehensive search to date for PET studies.

In Cedar and Levant's (1990) meta-analysis a series of one-way and two-way analyses of variance were performed to assess the relationship between the independent variables and effect size. The research questions were:

1. the overall effect of PET
2. substantiation of Gordon's claims
3. the relationship between methodology and the magnitude of effect
4. PET's effect on specific populations
5. the impact of certain treatment variables
6. the long-term effect of PET.

Analyses showed the following findings:

PET had an overall mean effect size of .328, which although moderate, is significantly larger than that of the alternative treatments to which it has been compared (.138), and which translates to a finding that the average person participating in PET is better off than 63% of those who do not (Cedar & Levant, 1990). Most of Gordon's claims were supported, although with some qualifications. PET appeared to have an effect on parent attitudes and behaviour, although no immediate effects showed up in the children, possibly because of the comparatively short length of time of the course. Although only five of the 26 studies employed an adequate follow-up assessment, there was a surprising trend in these towards a greater effect size in improvement of child behaviour, an increase which just missed significance. The authors suggest that more research in this area would be interesting.

Cedar and Levant (1990) found that the better-designed studies had significantly greater effect sizes than those less well designed. It was also found to be important to include studies which had not been published as well as those which had. Questions relating to specific populations could not be answered, as the data did not lend itself well to this type of analysis.

Variables other than course content which might have an impact on the outcome of PET included the setting of the training, the experience of the leader, and the number of hours of training. Also included were the cost of the course, and the ages of the children in a given study. Although the results on these variables should be treated with caution, it was shown that the place where the course is held does have an impact on the outcome. School settings achieved a higher effect size (.43) than either church (.13) or clinical settings (.14). This finding was interpreted as confirmation that the program is more appropriately seen as educational, rather than religious or clinical in nature. Higher effect size appeared to be associated with

certificated instructors, and lack of certification with negative effect size. Only two studies in the analysis reported other than standard hours of training, so it was not possible to make a finding on this variable. There was no significant difference in the effect sizes for courses where there were fees as compared with those that were free of charge, but a large number of studies did not report whether or not fees were charged. The last variable concerns the age range of the children whose parents are in the PET group. It was found that in groups where the children's age range was greater than 3 years the effect size of the studies was less than it was for groups where the range in ages was less than 3, but the difference was not significant. Presumably parents with similar age children have more in common with each other, and this has an effect on the group.

Cedar noted that "these results answer the question which to date has not been able to be answered by the other literature reviews (Rinn & Markle, 1977; Levant, 1983): PET does have a positive effect" (Cedar, 1985, p. 237). The program appeared to have enhanced both the attitudes and behaviour of parents, and on the whole, claims for the efficacy of PET (Gordon, 1977b, 1980) were substantiated.

Recent Empirical Studies of PET

Studies already examined in the reviews include Schultz, Nystul and Law (1980) and Schultz and Nystul (1980). Six others are reviewed in the present study: Schultz, (1981), Schultz and Khan (1982), Root and Levant, (1984), Wood and Davidson, (1987), Wood and Davidson, (1993), Wood and Davidson, (1994/95). They move on from measurement of PET group attitudinal changes to specific attitudinal changes in fathers, mothers and children after parents' participation in PET

(Schultz, 1981). Maintenance of positive attitudinal change at a 6-month follow-up is reported (Root & Levant, 1984). Comparative outcomes are shown using three different models including two PET groups with posttests at 1 month and 12 months respectively (Schultz, Nystul & Law, 1980). Changes in short-term behavioural variables following PET were investigated in two studies, the first a comparative study including PET (Schultz & Nystul, 1980) and the second confining attention to PET outcomes (Schultz & Khan, 1982). Further studies have included the acquisition of a cognitive skill structure in applying PET (Wood & Davidson, 1987), gains in PET skills by parents and their teenagers (Wood & Davidson, 1993) and the maintenance of PET skills after seven years (Wood & Davidson, 1994/95).Each of the studies meets the following criteria:

1. Appropriate use of inferential statistics
2. Use of a nonattendant control group
3. Use of standard dependent measures
4. Standard presentation of PET.

With respect to the last of these criteria, PET is normally presented in eight weekly sessions of three hours. However, reasonable variations in the time schedule can be arranged officially to suit particular groups.

Among these studies, only two, Schultz, Nystul and Law (1980) and Schultz and Nystul (1980) reported random allocation to groups, and only one used a wait-list control (Schultz & Khan, 1982). Each of these conditions is a sine qua non for Rinn and Markle (1977) and for Levant (1983). These procedures are experimentally desirable, but in the real world they are often impossible (Dembo, Sweitzer & Lauritzen, 1985; Eastman, 1983; Robson, 2002). In addition, they have some significant disadvantages. Parents are frequently unwilling to be part of a PET

program which imposes such restrictions, and so studies which employ random allocation and a wait-list control are not necessarily utilising a representative sample of parents. More amenable parents may respond differently to parent training programs. Furthermore, if parents feel themselves in need of parent training they may regard the wait-list control procedure as unethical or inconsiderate, and this may affect their responses in either the experimental or control condition. Obtaining comparable training and control groups by matching is also intrinsically fallible, but not necessarily fundamentally inferior to random allocation. A superior strategy would involve converging operations using both methods and assessing comparability of outcomes.

PET Skills and Comparison Study Outcomes

From her 1981 study, Schultz suggests that parental participation in PET is influential in providing positive attitudinal outcomes for specific family members. In three separate studies Schultz investigated the effect of PET on (a) the father, (b) the mother and (c) the child. The mothers and fathers were aged between 23 and 50 years and in the middle to upper socio-economic range, all in normal, intact families. The children were aged between 4 and 8 years. The parents attended the PET course together. The study on the mother was a replication of the PET component in the investigation reported by Schultz, Nystul and Law (1980), using the same control group. Studies on the father and the child were breaking new ground. Instruments used for the parents were the Parental Attitude Research Instrument (PARI) Form Q4 (Schludermann & Schludermann, 1977) and the Attitude Toward the Freedom of Children (ATFC) Scale II (Koch, Dentler, Dysart & Streit, 1934), while children were

administered the Family Relations Test (Bene & Anthony, 1957) (all cited in Schultz, 1981).

It was concluded that fathers who participated in PET were more likely than controls to decrease in authoritarian attitudes, and to increase in democratic attitudes from pretest to posttest. In the study of mothers, it was shown that compared with controls, changes in short-term variables, in maternal attitudes towards child-rearing, and towards the freedom of children were demonstrated as an outcome of PET. Investigation of the attitudes of the child resulted in three conclusions: there was significant increase pretest to posttest in the positive relationship between the child and the father, and in the positive relationship with the mother; there was also a significant increase in the negative relationship with the father. It was suggested that this result indicated a certain amount of ambivalence within the child. Another interpretation might suggest an overall increase in the parameters of relationship with the father. There was no significant increase in the negative relationship with the mother.

A later study by Root & Levant (1984) investigated attitude changes in rural parents following a PET course. The experimental participants were 30 parents who responded to advertisements in a school newsletter. Seven respondents were assigned to the control group and a further eight were obtained by asking school staff to participate. There were only two males in each group. All the parents came from a somewhat depressed rural area. Significant differences between the experimental and control groups were found on two subscales of the Hereford (1963) Parent Attitude Survey - Understanding and Trust. The parents taking PET showed greater improvement on each subscale, a result which held up at the 6 month follow-up. As there was no significant difference on the three other subscales, this finding shows

that the PET course was moderately effective with the population studied. No significant changes were found in the grades or career-maturity of the children whose parents took the course. The interest of this study lay in the socio-economic background of the participants, the reported maintenance of the parental improvement at the 6-month follow up, and for purposes of comparison, in the two scales in which the parents showed significant improvement - Understanding and Trust.

In a comparative study with three different theoretical models of parent group education, Schultz, Nystul and Law (1980) investigated the production and maintenance of maternal attitude change. The models were PET, Behavior Modification (BMod), and Adlerian Mother Study Groups (APS). Also included in the design were a placebo group (P), and a nonattendant control group (NAC). The participants, who were randomly allocated to each of the five groups, were 120 mothers in the middle socio-economic range, and were white Caucasians, from intact families and aged between 23 and 50. Matching as an adjunct to randomisation (Campbell & Stanley, 1966) was used. The instruments utilised were the Parental Attitude Research Instrument (PARI) Mother's Q4 form (Schludermann & Schludermann, 1977); the Attitude Towards the Freedom of Children (ATFC) Scale II (Koch, Dentler, Dysart & Streit (1934); and a parental rating of improvement (PRI) especially designed for the study, after Patterson and Reid (1973).

The study focused not only on possible change but also on the direction of change. Attitudinal outcomes both short term and 12 months after treatment were analysed. All three models produced significantly greater short-term attitude change than occurred in the control group. There were no significant attitudinal differences among the groups before the treatment. The PET and APS groups were shown to be more likely than the BMod, P and NAC groups to increase in democratic attitudes,

with the PET group showing significant change in this direction, and moving away from authoritarian attitudes. The PET and APS groups differed markedly in their approach to family conflict, with the APS group more likely to withdraw and the PET tending strongly toward confrontation. Both PET groups (one tested 1 month and the other 12 months after the course), were shown to hold significantly more liberal attitudes towards the freedom of children than the control group, as did the APS (highest mean on this variable) and the BMod groups. The experimenters concluded that not only does parent group education produce long-lasting attitudinal change but that the course content rather than the attendance levels or the group experience is the significant factor.

The 12-month follow-up is of special interest, extending beyond that reported by Root and Levant (1984). Valuable outcomes shown to result from PET include the trend towards greater freedom for children, more democratic attitudes and movement away from authoritarianism on the part of mothers, and the fact that they were shown to be able to be assertive in family conflict. Also of interest is the finding that the course content rather than the group experience was the major agent of change.

This study was criticised by Levant (1983) partly on the grounds that the PET presentation was not standard, as it was given in ten sessions of one and a half hours each, instead of eight sessions of three hours each. Although this results in a shorter course (15 hours instead of 24 hours of involvement), it is possible for authorised instructors to vary the presentation timing within reason to suit particular groups. The greater time period of 10 weeks, plus the fact that the teaching groups were small would compensate a good deal for the difference. In any case, with the longer period over which the material was presented, it would be expected that the difference between the PET group and the others would increase. Levant (1983) also criticised

the study on the basis that the loss of participants at the follow-up might have introduced selection bias. It is possible that this could have had an influence on the group results, in the sense suggested by Bergin (1964) that although some participants in psychotherapy improve, others may deteriorate, and not even remain in the follow-up assessment.

Progressing from the initial attitudinal investigation reported by Schultz, Nystul and Law (1980), Schultz and Nystul (1980) compared the relative ability of the three models of parent group education (BMod, APS and PET) to influence mother-child interaction as demonstrated by structured tasks recorded on videotape. This study was perhaps the first to look at videotaped behavioural interactions as outcomes of participation in PET. There were five groups. Groups 1, 2, 3, and 5 were drawn from the PET, APS, BMod and control groups of the initial study. Group 4 was drawn from a pool of PET graduates of one month. There were 47 mother-child dyads in the study. The experimenters used two structured tasks for their measures of mother-child interaction. Twenty interaction-behaviour variables were assessed using an instrument designed, in the absence of previous similar research, specifically for the task. The measure was designed to assess the broad categories of respect, dominance, warmth, dependence and independence of the child, disagreement and encouragement. The videotape recording made it possible to score both verbal and nonverbal behaviour.

Results showed that the PET and BMod models demonstrated the ability to influence mother-child interaction behaviour as measured by the variables used. There was a significant difference between the long- and short-term PET groups, suggesting that interaction behaviour patterns change over a period of time after treatment. The change was described as a behavioural change to match attitudinal

change. Both verbal and nonverbal behaviours were featured in the 20 short-term variables measured. The role-playing and practice of microskills as featured in the PET and BMod models, as well as their specific cognitive structuring were considered to have contributed to the strong effect of the PET and BMod models as compared with that of the APS, which was more philosophically oriented and failed to produce significant behavioural change. It was suggested that a further study might investigate another Adlerian-based program, STEP, which does utilise role-playing and skills practice.

Replicating the empirical investigation of behavioural outcomes in relation to PET, Schultz and Kahn (1982) investigated mother-child interactions of PET graduates one month after completion of the course, and compared them with those of control mothers. Using the measure described above, now named the Mother-Child Interaction Measure (M-CIM, Schultz & Nystul, 1980), Schultz and Khan examined short term behavioural outcomes of PET in two groups of seven mother-child dyads one month after treatment. Twenty short-term variables were assessed, and the interactions were videorecorded. Examples of the variables include praise, urging, negative encouragement, child talks, touching, mother disagrees, mother seeks child's opinion, child passively accepts, child disagrees, child rejects help. It was confirmed that the short-term behavioural variables demonstrated more mutuality, warmth and reciprocity in the PET mothers than in the controls.

Cognitive Restructuring Through PET

Moving into the area of cognitive restructuring, Wood and Davidson (1987) found that parents who had taken the course acquired new cognitive skills in applying PET. Experimental participants were seven mothers and two fathers of middle class

socio-economic status. Random allocation was not feasible because of the small number of volunteers, and because the parents were anxious to take the course as soon as possible. A control group matched by number and ages of children was obtained from a local primary school. Measures included the Parent-Child Response Sheet (PCRS, Wood, 1985), the Parent Attitude Scale (PAS, Wood, 1985), both constructed for the study, and the Moos Family Environment Scale (Moos,1974). In addition, specific objectives for the course were set by the participants in the experimental group in Session 1, writing down concrete problems with their children that they wanted to handle more effectively. This type of assessment is included in the PET Workbook (Gordon, 1976). The PCRS presents six situations, two each relating to the three primary skills taught - active listening, assertiveness and conflict resolution, using typical situations discussed in the textbook (Gordon, 1975). The questions were designed to assess participants' acquisition of the three major skills as the course progressed, being administered at each session and at the 16 week follow-up. Parents spontaneously wrote down a response to each situation as it was read out at a regular time each session, at the end of the course and at the 16 week follow-up. No feedback was given at any stage on the responses. The response sheets were randomised and assessed "blind" by a trained independent rater. The Moos FES and the PAS were administered to the experimental group, together with the PCRS, in the first session before any teaching had begun, again at the end of the course, and at the follow-up.

All the measures were administered to members of the control group in their homes at the beginning of the course, at the end of the course and again 16 weeks later. Times for the control group were approximate as they were all tested separately.

Results showed that the experimental parents were able to analyse a situation to decide whether active listening, assertiveness or conflict resolution was called for, and to formulate an appropriate response. In this they were significantly different from the control group. Parents' self-reports indicated satisfactory changes in unacceptable behaviours of children, and some improvement in problems which had not been solved.

No attitudinal changes were shown either on the Moos FES or the PAS. Eastman (1983) suggests that the FES is not sensitive to change over time. The PAS failed to differentiate the PET and control groups, though there were substantial changes in both from pretest to posttest. This may have reflected demand characteristics. However there was a noteworthy incongruity between the democratic attitudes expressed in PAS responses in both groups at the pretest and the authoritarian parenting styles expressed in the replies to the PCRS at the same time. These responses changed significantly over time in the PET group, but hardly at all in the control group. It was suggested that this reflected attitudinal social change which was not necessarily translated into alternative cognitive or behavioural responses to the immediate demands of childrearing. In the experimental group, parents' comments on specific objectives and perceived changes in family interaction suggested that they were satisfied with the program. The experimenters also noted that the assessment measures most specifically related to the program were the most sensitive indicators of change.

In a seven-year follow-up study, Wood and Davidson (1994/1995) re-tested the same group of parents (Wood & Davidson, 1987). The gains achieved by the PET group in comparison to the control group remained statistically significant for each of the three skills tested - Active Listening, Assertiveness and Conflict Resolution.

Broadly speaking they had fallen to about half the maximum gains achieved at the end of the eight-week course. The result was encouraging since it demonstrated significant long-term gains from a single course.

Behavioural Outcomes

Measures of behavioural change as a result of PET involvement have been urged for many years (Rinn & Markle, 1977; Mitchell & McManis, 1977; Schultz, 1981). It is difficult to devise dependent variable measures to show more than attitudinal change (Curran, 1979), and PET studies have not generally assessed behavioural changes in parents or children. However, in the early studies listed by Zener (1981b) there appear to be five which reported children's behaviour changes as a result of parents' PET participation: Miles (1975); Aunkst-Dewald, (1976); Eckerle, (1976); Church, (1979), and Giannotti (1979), (all in Zener, 1981b). Miles (1975) reported that PET had been effective in reducing inappropriate classroom behaviour in potential dropouts, as rated by teachers using the Teachers' Behavior Rating Scale. However the validity of this result was disputed (Rinn & Markle, 1977) chiefly on the grounds that two incorrect interpretations were made from the inferential statistics. Aunkst-Dewald (1976) in a study of PET with volunteer Girl Scout leaders, found that their children showed a notable decrease in negative behaviour on the Rose Behavior Monitoring scale. Eckerle (1976) reported a reduction in children's delinquent behaviour, following their own participation in a PET course, and Church (1979) concluded that parental participation in PET resulted in a lessening of children's aggressive acting-out behaviour. No other details are noted by Zener (1981b). Giannotti (1979) found that children of PET participants improved significantly on

several scales of the Devereux Elementary School Behavior Rating Scale, as noted by their teachers.

It will be seen that all these studies assessed behaviour in terms of existing instruments, or by quantification of observed behaviour (Eckerle, 1976). Apparently, none of the studies has been directed specifically towards behaviour change in terms of PET skills, and the only studies of PET to use specifically behavioural outcome measures are by Schultz and Nystul (1980) and Schultz and Khan (1982).

Wood and Davidson (1993) used a behavioural measure with parent-adolescent dyads in the form of a three-minute video-recorded role-play of a standardised conflict interaction. The concept of using a structured role-play to demonstrate a style of dyadic interaction in a family context has been shown to be useful in identifying the presence or absence of particular skills (Blakar, 1984). Following PET training for the parents, and a simultaneous YET (Youth Effectiveness Training, Hall & Zener, 1981) course for the teenagers, assessment of video-recorded interactions of 24 parent-adolescent pairs showed significantly greater improvement in conflict resolution skills from pretraining to posttraining in the experimental group compared to the matched control group, for both parents and adolescents. Compared with the control group, the PET parents improved significantly in Assertiveness and Conflict Resolution, with a trend for improvement in Active Listening. The YET teenagers showed a highly significant improvement in Conflict Resolution, although gains on the separate skills of Assertiveness and Active Listening did not reach significance. Nevertheless the study showed that habitual patterns of communication can successfully be changed in a family situation.

Summary of Empirical Evidence for PET Program Effectiveness

In sum, empirical studies of PET have demonstrated positive changes from authoritarian to more democratic attitudes in both fathers and mothers (Cedar & Levant, 1990; Root & Levant, 1984; Schultz, 1981; Schultz & Nystul, 1980; Schultz, Nystul & Law, 1980); greater understanding and trust in parents (Root & Levant, 1984), and more warmth, mutuality and reciprocity in mothers interacting with their young children (Schultz & Khan, 1982). Significantly more positive relationships between mothers and children, and fathers with children have been shown, as well as confidence in engaging in confrontation following PET (Schultz 1981). Wood and Davidson (1987) found that cognitive restructuring after a PET course enabled parents to analyse a problem situation and spontaneously choose a PET response. They also indicated satisfaction with the achievement of the behavioural objectives they had set for their children. PET training for parents in conjunction with YET for their teenagers was shown to result in significant improvement in conflict resolution skills for both, with the adults also improving significantly in assertiveness, and showing a trend for improvement in active listening (Wood & Davidson, 1993).

Cedar and Levant (1990) suggested that PET was primarily an educational program, and that it had a positive effect which had been shown to last for 26 weeks after treatment, an effect which had been confirmed as six months by Root and Levant (1984). Schultz, Nystul and Law (1980) showed that positive effects from PET noted one month after treatment had increased after 12 months. Wood and Davidson (1994/95) found that parents compared with the control group maintained significant gains of skills following a PET course after seven years.

While these studies have shown effects reflecting the values and aspirations of PET training, the numbers are comparatively small. Although their range extends

over the past twenty years, in the light of the dramatic changes occurring in the parenting environment, there is a need to re-assess the relevance of the program, and in particular, its presentation across Australia. There is a notable lack of a large-scale ecologically valid study using a range of PET instructors and participants. The need for an Australian version of the workbook provided a useful impetus for the undertaking, and the involvement of PET instructors around the country made possible the gathering of a large body of data.

CHAPTER 5. DEVELOPMENT OF AUSTRALIAN MATERIALS FOR TEACHING AND EVALUATING PET

Background

The development of the Australian workbook for teaching PET in this country was a foundational part of the current study. A further part of the study was the validation of the Parent-Child Response Sheet, which had initially been constructed in an earlier study (Wood, 1985) and has been used to evaluate the outcomes of PET training (Wood & Davidson, 1987; Wood & Davidson, 1994/95).

The Call for an Australian Version of the PET Workbook

From 1983 during the first Australian Conference on Inter-personal Skills at Macquarie University, PET instructors in Australia had been calling for a vernacular version of the PET workbook. The call was re-iterated at similar conferences in 1985 (University of Queensland), 1987 in Melbourne, and at Annual General Meetings of instructors from the separate states from 1989 to 1991, when the Effectiveness Training Institute of Australia Ltd. was launched. The commitment of the Institute to sponsor such a project became reality in 1994, when the present study was approved by the University of Tasmania, with the Australianising of the PET workbook as a key part of the study.

There is a considerable cultural difference between the normal use of English in Australia and that of the United States of America. It has become clear to groups of speakers in Australia that they all share a distinct idiom which they all understand, whether or not they themselves use all its variations (Delbridge, 1988). Although they are completely used to the American style through its constant presentation in imported film and television programs, Australians typically prefer their own

vernacular, sometimes quite vehemently. PET instructors have usually had to "translate" various words and phrases in the standard workbook (Gordon, 1976) as their courses proceeded, and many have reported complaints about Americanisms contained in the course materials. In 1994, the experimenter sent out an initial survey to 18 PET instructors from six Australian states including three of the six instructor trainers who were responsible for the teaching and accreditation of those instructors who present PET in this country. All indicated there was a pressing need for an Australian workbook for PET. The reasons cited included differences found particularly in examples of conversation, role-plays and tapes. It was pointed out that Americanisms created irritation and resistance in some parents, and that long sentences and small print explanations were rejected by less educationally advantaged participants.

Although PET is very strong in European countries such as Finland, Holland, Hungary, Iceland, Sweden and Switzerland, who have their own linguistic versions, it has had little success in Britain perhaps because the problem of cultural expression has an even greater impact there than in Australia. As mentioned previously, now that the Australian workbook (Wood, 1997) has been developed, instructors in the UK and abroad have evinced interest. Two instructors in Britain have begun work with an initial 50 copies. Five hundred and twenty copies are already being used in Canada and 166 in Hong Kong (C. Henderson for ETIA, personal communication, December 3, 2002).

Development of the Australian Text of the PET Workbook

In 1996, the present author began the work of translating the American text into the Australian vernacular. The aim was to render the wording in such a way that no content was lost, and that the principles of PET, and their expression in operational skills training was undiminished. It was also a priority to retain the complete philosophy behind PET, and its development from its historical and psychological foundations. Approval from Thomas Gordon and his organisation was important for sponsorship from ETIA who held the franchise for Australia, and for the sake of subsequent publication, the format from the most recent edition of the standard US workbook (Gordon, 1976) was preferred. In addition, simplification of the text as far as possible, as well as Australianisation, was a stated aim of the study in order to make it more accessible to less advantaged sections of the population.

As the work progressed, it appeared also to be preferable to do a certain amount of "de-psychologising" of the language. Some of the text (Gordon, 1976) has lost its early impact because its premises are now widely accepted, if not well understood. It was produced at a time when new psychological insights into human behaviour were challenging established ways of thinking, and Gordon intentionally set out to follow George Miller who in the sixties had advocated "giving psychology away to the public". As well as the use of technical terms, the text contained numerous words of Latin origin, which are more American in flavour than the shorter Anglo-Saxon synonyms which Australians (and indeed the British) prefer. Other goals included some updating of terms relating to household equipment and lifestyle, and change to children's names so that they were Australian rather than American.

Table 5.1 provides nine examples of the changes made from American to Australian English. Table 5.1 Examples of Changes from American to Australian English

Note: Pages 174-176 and part of 177 excluded for copyright reasons.

Linguistically speaking, the changes reflect far more than the simple substitution elsewhere in the workbook of words like "petrol" for "gas", "Mum" for "Mom", and "I've got to have the car!" for "I gotta have the car!", changes which mattered because of instructors' reports that even minimal Americanisms deflected parents from the point being made in the text in the early sessions. Because PET comprises operational skills training, that is, the emphasis is on understanding the extreme importance of the actual words being used on making changes where necessary, and practising them in class before trying them out on the family, it was crucial to render the text into everyday Australian English. Every care was taken to

reflect the nuances of idiomatic speech in a way that was authentically Australian without being jingoistic. The text had to be plain, as simple and up-to-date as possible, taking account of current understanding of psychological ideas, as well as remaining true to Gordon's concepts and formulas for effective communication. Hence, development of the Australian workbook required a delicate balance, and took a number of months to complete. The revised text was published in 1997. It is included in Appendix A.

Readability of the Australian PET Workbook

Reading Difficulty in Popular Parenting Literature

Holcomb and Stith (1985) pointed out that while parents were becoming increasingly reliant on books and popular literature for advice on bringing up their children, many were not satisfied with the help they received. It was therefore important that such assistance be couched in terms that were easy to understand. A similar concern was raised (Abram & Dowling, 1979) with a Flesch Reading Ease assessment of 50 available parenting books.

Indices of Readability

Readability formulae have long been employed in educational contexts to predict the difficulty some readers will find in various texts. Different formulae have been found to produce different assessments of a single text (Graddol, Cheshire & Swann, 1994), but each formula can be useful in the comparison of two differing versions of the same text, since each offers a consistent approach.

Flesch (1948) produced a formula for assessment of readability of a document, based on four style elements: (1) average sentence length in words; (2) average word length in syllables; (3) average percentage of "personal words"; and (4) average percentage of "personal sentences". He continued to develop his theory of abstraction, first leaving out the "personal" words and sentences, then attempting to combine and extend statistical analyses of parts of speech in accordance with accepted grammatical classification (Jespersen, 1933), in order to produce a ratio which would estimate the level of comprehension difficulty. He further suggested that ease of comprehension requires a level which is concrete rather than abstract. "...An abstract style contains relatively more descriptive adjectives, indefinite pronouns, and subordinating conjunctions, while a concrete style contains relatively more proper nouns, limiting adjectives, finite verbs, personal pronouns, and co-ordinating conjunctions" (Flesch, 1950, p.384).

In an empirical investigation, the percentage of "definite words" in the test passages was correlated with the grade level of the children who answered correctly one half of the test questions. Finally a measure was formulated based on the percentage of definite words and the average word length in syllables, on a scale from 0 (practically unreadable) to 100 (easy for any literate person) together with a detailed set of directions for obtaining it.

The Flesch Reading Ease formula has been one of the most widely used in the history of readability measurement (Holcomb & Stith, 1985; Klare, 1974-75). An extension of the measure to include grade level is the Flesch-Kincaid index in which a level of 7 or 8 is equivalent to a Flesch Reading Ease score of 70-80. Gunning (1972, cited in Klare, 1974-75) proposed the Fog Index which counts "hard words", those of three syllables or more, and the overall sentence length, and is simpler to apply than

the Flesch formula. There have been numerous efforts to apply manual, machine and later computer aids to simplify the application of readability indices to texts (Foulger, 1978; Klare, 1974-75; Coke & Rothkopf, 1970), and they continue to be useful in the assessment of texts for particular purposes (Macdonald-Ross & Scott, 1996; Jones, 1993; Clariana, 1993; Spiegel & Campbell, 1985). The three readability indices discussed above, plus a fourth, the index of passivity, were included in the CorrecText Grammar Correction System (1990) in the User's Guide for Microsoft Word 5.0 for the Apple Macintosh.

Assessing the Readability of the Australian PET Workbook

Twenty pages from the Australian PET workbook, (Wood, 1997) were randomly selected using SPSS, and a passage of approximately 75 words was also selected randomly from each, in order to compare for readability with the corresponding passages from the standard workbook (Gordon, 1976). Results showed that on Flesch Reading Ease, the Flesch-Kincaid Grade Level and the Gunning Fog Index the scores for the Australian workbook were significantly lower than those from the standard workbook.

On the following page, Table 5.2 shows the scores for each of the reading ease indicators, comparing those found for the standard US workbook with those for the Australian version.

Table 5.2
Comparison of Mean Scores for Readability of Random Selections of the Same Passages (n=20) in the Standard US PET Workbook and the Australian PET Workbook

Readability Measure	Min	Max	Mean	SD	t (19)
Percent of passive sentences					
US workbook	0	50	10.5	16.9	
Aus workbook	0	33	8.2	12.2	.51
Flesch Reading Ease					
US workbook	33	93.4	55.1	15.0	
Aus workbook	38.5	90.1	64.6	13.5	3.94**
Flesch Grade Level					
US workbook	5.6	15.5	11.2	3.0	
Aus workbook	5.9	14.7	9.4	2.5	3.51**
Flesch-Kincaid Grade					
US workbook	2.5	17.3	9.7	3.5	
Aus workbook	3.0	15.4	8.4	3.2	2.77*
Gunning Fog Index					
US workbook	3.6	21.1	12.2	3.8	
Aus workbook	4.8	18.1	10.7	3.3	3.25**

* $p < .05$. ** $p < .01$.

It can be seen from Table 5.2 that there is a highly significant difference on the mean score for Flesch Reading Ease, with the Australian workbook almost 10 points higher than the US version. The Australian version has a "standard" mean readability score (64.6) while the American workbook mean score (55.1) rates as "fairly difficult" (Flesch, 1950, p.386). The Flesch Grade level score for the US version is 11.2, showing a highly significant difference from the Australian workbook at 9.4. On the Flesch-Kincaid Grade, the difference is also significant, with the US mean score of 9.7 compared with the Australian mean of 8.4, roughly equivalent to a final year secondary school level compared with mid-secondary. On the Gunning Fog Index, assessing the number of "difficult" words, the Australian version shows a highly

significant difference from the original American, the former's mean (10.7) being substantially lower than the US mean (12.2).

On each of the measures the US workbook shows a greater spread of scores from minimum to maximum occurrence, indicating wider variation in readability and less consistency of style. The Australian version shows a slightly smaller maximum score on four of the five indicators, excluding the level of passivity. While the latter score was lower for the Australian workbook, the difference was not significant. A possible explanation may be that the requirement for a close translation was occasionally more important than that for simplicity.

Four indicators show a significant difference between the two versions of the workbook in favour of the Australian edition, but the differences are not extreme. This reflects the fact that the Australian version was intended to be as close as possible to the standard workbook, retaining the format and omitting none of the concepts, but expressed in a vernacular and simplified form. It would nevertheless be possible for the next edition to attempt a further simplification in accordance with the readability indicators.

Validation of the Parent-Child Response Sheet (PCRS) to Assess PET Skills

Development of the Parent-Child Response Sheet

The assessment of parenting programs requires reliable and valid assessment instruments which are sufficiently sensitive and specific to detect the changes which occur as parents acquire new skills. The Parent-Child Response Sheet (PCRS) was first developed in a study of the acquisition of parenting skills by nine parents undertaking a PET course (Wood, 1985; Wood & Davidson, 1987). Building on two

items for assessing Active Listening skills from the first Manual for PET Instructors, used with permission (Gordon Training International, 1985), similar items were constructed for the measurement of Assertiveness and Conflict Resolution skills. In order to score the open-ended responses of parents to the PCRS, raters were given an explanatory sheet plus examples and a quick reference summary, and underwent four hours of training before scoring the responses. The PCRS and rating instructions are shown in Tables 5.3 and 5.4., on the follwing pages.

Table 5.3
Parent-Child Response Sheet (1996 Version)

For each statement or situation write down your response as it would be today, in one or two sentences.

1. (a) 10 year old girl, bright, attractive:
"I don't know why the kids at school don't like me. I try ever so hard to make friends, but they all tease me and make fun of me. I suppose it's because I'm not pretty. I'm so unhappy. I wish I wasn't me".

Your response:

(b) 7 year-old boy, always hitting or starting fights with his brother or a friend:
"I never start fights. You always blame me. How come you yell at me and you never say anything to him? You like him better than me and you always have. I hate him and I hate you!"

Your response:

2. (a) What would you say if you were the parent in this situation?

You are backing the car out and you nearly hit your 12 year-old son's bike, which is left on its side right in the way.

Your response:

(b) Your 8 year old daughter has promised to tidy her clothes after school. You go in to see if she has, and you find *everything* strewn over the bed and the floor.

Your response:

3. (a) Your 14 year old son has promised to help you with chores on Saturday afternoon, but early in the afternoon he comes to you and says he has been asked to go with his friends to a film he really wants to see.

Your response:

(b) 6 year-old girl, upset:
"It's not fair. Peter always wants to change the channel when I'm watching TV, and he won't ever change it for me when he's watching, and now Dad says he wants his program on, and I can't watch at all".

Your response:

THANK YOU FOR YOUR CO-OPERATION

Scoring Instructions for the Parent Child Response Sheet (PCRS) are shown in Table 5.4.

Table 5.4
Scoring Instructions for the Parent-Child Response Sheet

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1 (a) and 1 (b) are for rating Active Listening
2 (a) and 2 (b) are for Assertiveness
3 (a) and 3 (b) are for Conflict Resolution, which may include Active Listening, Assertiveness about own needs, and should show openness to other's solution.

Simple ratings are +1 for each use of a skill which is asked for,
and -1 for absence of the major skill required.

These ratings are for the specific skills taught in Parent Effectiveness Training (PET) so would not necessarily apply to other styles of parenting.

1 (a) and 1 (b) (listening skills) are specifically looking for replies that feed back the feelings spoken or implied in the child's statement. Contra-indications include ordering, warning, moralising, advising, arguing, judging, blaming, praise or reassurance, ridicule, analysing, probing or changing the subject (-1 for each). Replies are given -1 for not acknowledging feelings.

2 (a) and 2 (b) (assertiveness skills) are looking for parents' replies which include their own feelings, an objective description of the unacceptable behaviour of the child without blame, and the concrete effect of the behaviour on the parent in terms of cost (e.g. time or money) (+1 each), with the same contra-indications as above. These and blameful descriptions are rated -1 each.

3 (a) and 3 (b) (conflict resolution skills) require an openness on the part of the parent to the child's solutions, a solicitation of the child's ideas, and the offer of possible solutions on the part of the parent (+1 each). Direct orders and "parental only" solutions rate –1 each, as do punishments or "blackmail".

Reliability and Validity of the PCRS

In the original study (Wood, 1985) nine PET participants were tested weekly throughout the course, and again at a 16-week follow-up. All participants improved on the separate skills during the course, though there was considerable variability. No feedback on the tests was given at any time. When the same PET trained participants

were compared to a matched control group, statistically significant gains were shown on the PCRS from pretest to posttest in all three skills. The ratings were made by an independent rater who received the PCRS responses in a random order and with no indication of group membership.

As shown in Table 5.5 the gains in the PET trained group were very large compared to the control group. Effect sizes in terms of Cohen's (1992) *d* statistic are 2.24 for active listening, 2.18 for appropriate assertiveness and 1.74 for conflict resolution, where an effect size of 0.80 is regarded as large. The magnitude of the effect sizes indicates that the PCRS is a sensitive instrument for identification of the changes in PET skills.

Table 5.5
Descriptive Statistics for the 9 PET Parents and 10 Control Parents on the Three Skills Assessed by the PCRS at Pretest and Posttest

		Pretest		Posttest	
		PET	Control	PET	Control
Active Listening	*M*	-8.44	-8.20	-1.11	-8.1
	SD	1.51	1.40	4.57	1.10
Appropriate Assertiveness	*M*	-8.00	-8.50	1.22	-8.30
	SD	0.87	1.58	6.20	1.06
Conflict Resolution	*M*	-4.44	-6.90	1.67	-7.10
	SD	4.19	1.66	4.21	1.20

Differential sequential changes in performance on the three skill measures on the PCRS during the course of PET instruction also provide evidence of the validity

and sensitivity of the PCRS. The mean skills ratings for the nine PET parents at baseline, during the course of the training sessions (where they learned in sequence active listening, appropriate assertiveness and conflict resolution skill, each for two weeks), and at a sixteen-week follow-up are shown in Figure 5.1.

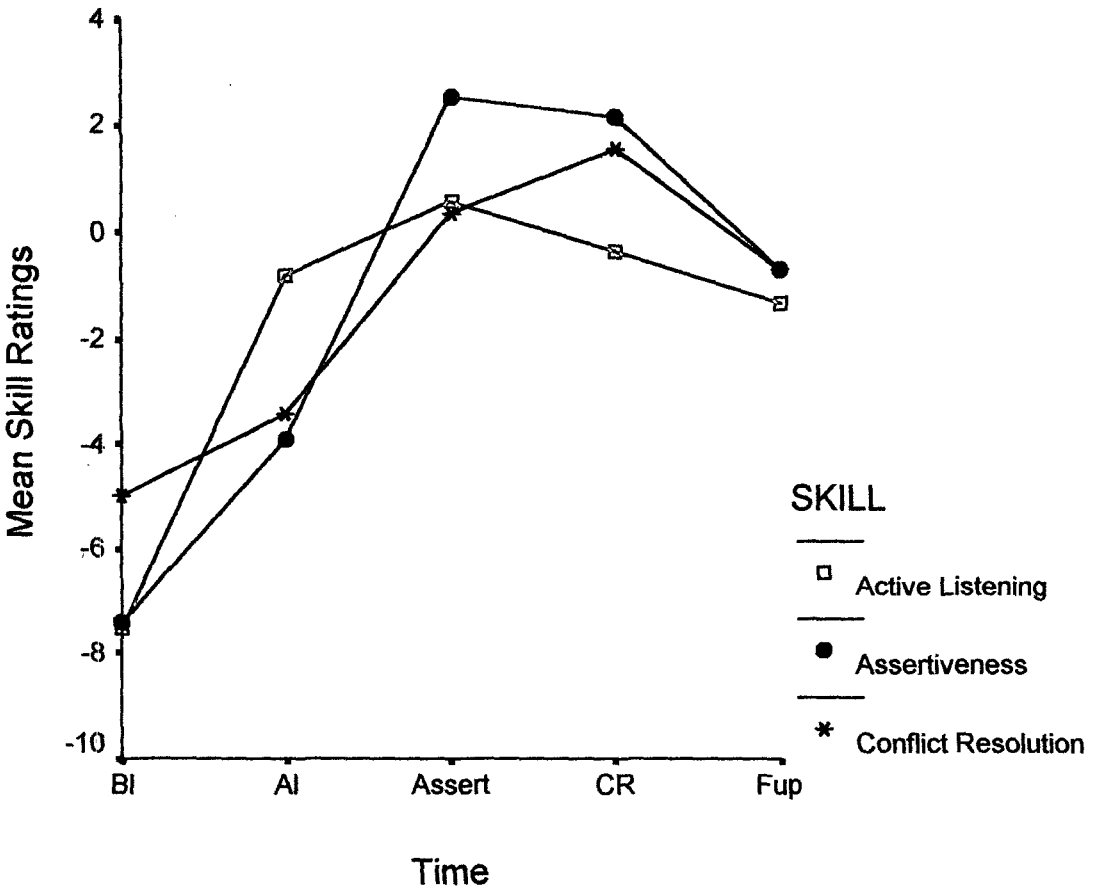

Figure 5.1. Changes in mean skills ratings of nine parents in a PET course for fortnightly periods from baseline (BL) to instruction in Active Listening (AL), to Appropriate Assertiveness (Assert), to Conflict Resolution (CR) and to the sixteen-week follow-up (Fup).

A repeated measures analysis of variance of the ratings revealed a significant skills x time interaction, $F(6, 49) = 4.18$, $p = .002$, following a Huynh-Feldt correction to the degrees of freedom and p value to allow for violation of the sphericity assumption. This interaction indicates differential rates of skill acquisition over time.

When the skills were analysed individually the following results were obtained. Active listening improved from baseline to the first fortnightly period when it was taught, and thereafter remained relatively stable. Appropriate assertiveness increased significantly from baseline to the active listening period and again to the appropriate assertiveness session and then remained fairly stable. Conflict resolution skills increased significantly from baseline to the period of instruction in active listening and again following instruction in appropriate assertiveness. It showed a small and non-significant further increase during the final fortnight when it was taught specifically, and there was a small but non-significant decline at follow-up.

Given the following considerations these results are supportive of the differential sensitivity of the PCRS as a measure of the relevant skills. For active listening the pattern is exactly as predicted from the instructional model. For appropriate assertiveness the initial increase from baseline may be explained by the fact that participants learned avoidance of roadblocks as part of their active listening training, even though they were not yet aware that these are also contraindicated for appropriate, i.e. non-anatagonistic assertiveness.

PET style conflict resolution depends on the ability to use both active listening and assertiveness as well as using the six steps of problem solving, so although they are not yet taught these until Week 6 the participants have acquired two-thirds of the necessary skills, as shown in Fig. 5.1. The other point to note is that from the beginning of the course there is a constant emphasis on respect for people and their needs, including those of children as well as parents. This democratic attitude is a core value in PET, and its acceptance by the parents is shown by the steady improvement in conflict resolution skills. Most parents already have some practice in

managing problems and conflicts with their children, which is shown by the higher baseline on this skill shown in Fig. 5.1.

Other measures used in the study included the Parent Attitude Scale (Wood, 1985), a 20-item forced choice questionnaire designed to distinguish PET responses from those of a more traditional authoritarian parenting style, together with the Moos' Family Environment Scale (Moos, 1974), which was used because of the perceived need for standardised measures. Both were less sensitive to training effects compared to the PCRS and failed to show significant differences in gains between the PET and control groups. The situation underlines the need for a balance between the requirement for standardised measures and the problem of whether such a measure can be found to assess a particular focus of research. Eastman (1983a) suggests that many standardised tests and instruments in this area can be very crude measures of family environment or interaction, and that too few have been developed. Indeed there is a possibility that researchers can choose a goal "on the basis of its measurability rather than its significance in the program" (Eastman 1983, p.35).

Further evidence of reliability and validity of PCRS responses was obtained in a 7-year follow-up (1994/95) of the same study (Wood & Davidson, 1994/95). Wood and Davidson again tested all available parents (16) from the original PET group and controls on the PCRS. The PCRS responses from both the PET group and the control group for the pretest, posttest, tests at 16-weeks and 7-years were retyped, placed in a single random order, and scored independently by two trained raters. Inter-rater correlations of the 64 scores on the three measures for this study were .91 for active listening, .89 for appropriate assertiveness, and .64 for conflict resolution.

Even after seven years the PET group showed statistically significant gains above pretest levels on all three PCRS measures when compared to the control group. The gains fell to approximately one half of the gains at posttest. Because of the relatively small numbers in the preceding studies there is a need for further assessment of PCRS reliability and validity. Using behaviour ratings and not just paper and pencil measures would also address the concern that PCRS changes should be shown to be correlated with actual parenting behaviour.

Modification of the PCRS

For the three-group comparison study the 1985 version of the PCRS was changed minimally, (eliminating six unnecessary words (italics) to describe the parent's situation ("you are backing the car out *of the drive*"; "you go in *to her room* to see if she has");). It was felt that the extra words might not apply equally to all parents in a socio-economic sense, as many households have neither drives, nor separate rooms for all children. Being psychologically value-neutral, these alterations do not impinge on the cognitive responses generated in the participant.

A Behavioural Validation Study of the PCRS

Aim

Since the PCRS had not been used in a behavioural investigation, an aim of the present study was to provide further evidence of its reliability and validity by correlating PCRS scores with ratings of actual behaviour in a conflict situation. This was undertaken as part of the present research program by conducting a video interaction study in which participants performed a role-play which was videotaped as well as completing the PCRS.

Participants

Forty-four parents were recruited, of whom 22 had taken PET and 22 were controls who had not. The PET parents had taken the course in different years, ranging from 1981 to 2000. Five had taken the course in the previous year, a further eight within the previous five years, and the remaining nine more than five years earlier. The youngsters' ages ranged from 4 to 22. A requirement of participation was that each parent be accompanied by a willing young family member, prepared to interact with them in a role-play which would be videotaped.

Materials

The following materials were used for the video interaction study: information sheets for participants, participants' informed consent forms, parent and child instructions for video interaction study and Parent Child Response Sheet (PCRS). In addition, materials used for the raters for the study comprised a briefing

sheet, quick reference for the PCRS, roadblocks reference sheet and visual analog scales sheet. The materials used for the video interaction study are shown in Appendix B1.

The situation used for the role-play was a modified version of an optional role-play in PET. Separate instructions for a three-minute interaction were given to each member of the dyad according to their role. The parent was instructed to announce and persist to agreement about a planned visit to the grandparent (or an alternative suitable person), while the young person was instructed to object because the time conflicted with a prior obligation.

Procedure

All participants were given a copy of the information sheet explaining the study, after which they completed an appropriate consent form for parent, participant (step-parent) or young person. Prior to doing the role-play, the parents filled in the PCRS form. Meanwhile the video camera was set up as inconspicuously as possible, and the parents and youngsters were given their instructions separately, away from the room. The dyads then sat on a comfortable sofa, and the parent began the interaction. A bell rang at the end of three minutes, and they finished off reasonably soon after. The video segments were put in random order on a single tape, and assessed by two trained independent raters, who also rated the PCRS forms. Raters were unaware of which parents had previously received training in PET.

Results

Careful training is crucial for skilled assessment, and the raters spent four hours with PCRS training, and two hours training using videos from a previous experiment. Correlations between the independent raters are shown in Table 5.6.

Table 5.6
Inter-rater Correlations for the PCRS and Ratings of the Videos of the Behavioural Interactions (N=44)

Measure	Skill	Inter-Rater Correlation
PCRS	Active Listening	.96**
	Assertiveness	.89**
	Conflict Resolution	.89**
Video	Active Listening	.67**
	Assertiveness	.65**
	Conflict Resolution	.82**

**$p < .01$.

The correlations between the mean PCRS and video measures of the same scale are shown in Table 5.7. The correlations are quite moderate.

Table 5.7
Correlations of Participants' PET Skills as Shown in the PCRS and in Videoed Interactions with Their Offspring

Active Listening	Assertiveness	Conflict Resolution
.59 **	.34*	.48**

*p <.05. ** p <.01.

Further evidence of validity derives from a consideration of differences between the PET participants and the untrained participants on the PCRS and video

measures, as shown in Table 5.8. The PET parents obtained significantly higher scores on all measures. Effect sizes were quantified by Cohen's (1992) d, where an effect size of 0.80 is described as large. All the effect sizes are clearly large, with a possible qualification in the case of the video assessment of conflict resolution skills where the effect size was 0.78.

Table 5.8

Mean Group Scores for Active Listening, Assertiveness and Conflict Resolution on the PCRS and Videoed Interaction, Significant Differences, and Effect Sizes

Skill	Group	*n*	Mean	*SD*	*t*(42)	*d*
PCRS						
Active Listening	PET	22	0.66	6.30	5.15**	1.55
	Untrained	22	-6.68	2.07		
Assertiveness	PET	22	0.82	4.93	4.92**	1.48
	Untrained	22	-4.93	2.39		
Conflict Resolution	PET	22	0.79	4.34	5.92**	1.78
	Untrained	22	-4.79	0.88		
Video						
Active Listening	PET	22	0.68	3.30	3.37**	1.01
	Untrained	22	-2.50	2.80		
Assertiveness	PET	22	0.42	2.64	3.33**	1.00
	Untrained	22	-2.10	2.45		
Conflict Resolution	PET	22	0.48	3.90	2.58*	0.78
	Untrained	22	-2.27	0.66		

* $p < .05$. ** $p < .01$.

Discussion

The PCRS shows high inter-rater correlations with trained raters. These results are quite consistent with those of Wood and Davidson (1994/95). The PCRS/video correlations for Active Listening, Assertiveness and Conflict Resolution are moderate, ranging from 0.34 for Assertiveness to 0.59 for Active Listening. These correlations also compare favourably with results of other studies using correlations between ratings of behaviour and paper and pencil measures, for example Davidson and Versluys (1999), who found correlations of .27 to .31 for Active Listening, Appropriate Assertiveness and Mapping the Conflict in a conflict situation with adolescents.

Possible reasons for the moderate PCRS/video correlations include differing levels of individual participants' theoretical understanding (as shown by the PCRS) and their executive ability, which is picked up on video; problems with artificial situations and role playing (Bellack, 1979), and the shortness of the samples for assessment. It is interesting that the highest correlation is for active listening, which is theoretically foundational to PET and which is the first skill taught, so the parents have had strong emphasis on, and probably the most practice with this skill. It is also the skill which is least understood or practised by untrained participants, as consistently demonstrated by the PCRS pretest scores.

Further evidence of validity is provided by the superiority of the PET trained participants compared to untrained parents on all PCRS and video measures. These results are consistent with previous studies (Wood & Davidson, 1987, 1994/95). In all cases the effect sizes are large, indicating a strong training effect. The somewhat larger effect sizes for the PCRS than for the behavioural ratings from the videos

suggest that the PCRS is quite a sensitive instrument for use in the assessment of outcomes of Parent Effectiveness Training.

CHAPTER 6. PET IN AUSTRALIA: SKILLS ACQUISITION IN A THREE-GROUP COMPARISON STUDY

Controlled studies of PET have found that parents taking PET do acquire the interpersonal skills for empathy, confrontation and conflict resolution (Root & Levant, 1984; Schultz 1981; Schultz & Khan, 1982; Schultz & Nystul 1980; Schultz, Nystul & Law 1980; Wood & Davidson, 1987; Wood & Davidson, 1993; Wood & Davidson, 1994/95), and qualitative evidence from parents in the last three studies suggests that the majority put them into practice in their families. Cedar and Levant (1990) concluded from a meta-analysis of studies up to 1985 that most of Gordon's claims were substantiated, and that PET was effective. However most PET research has been based on small numbers of participants, and some studies date from almost a generation ago. In the past they have also used the American workbook (Gordon, 1976) which may not have been as culturally appropriate for the last seven of the studies, which were carried out in Australia. There is a need for a larger scale study which can achieve some degree of ecological validity by including in the sample a substantial range of instructors and parents, and as wide a range as possible of geographical regions. Because of the amount of time and commitment involved, it has been difficult for researchers to recruit and test larger numbers of parents.

In Australia PET is offered through the Effectiveness Training Institute of Australia in six states, all except South Australia. New instructors are trained annually, and approximately 900 parents take the course each year. As mentioned in Chapter 2, PET has been assessed as a competency based training course, appearing on the national database with ETIA as a Registered Training Organisation. As such it has undergone rigorous evaluation as a training procedure for national accreditation

with VETEC (Vocational and Educational Training and Employment Commission) and offers transportable qualifications in skill modules for those parents who seek them and who fulfil the necessary requirements.

Parents' Self-Monitoring of Progress

During training, parents' own assessment procedures include self-report, self-monitoring, ratings by peers, and behavioural observations. Self-awareness, social perception and cognitive factors are important and include the knowledge of where and when to make specific responses as well as how to make them. Highly relevant to parent training, these sensitive and complex responses are an intrinsic part of the PET course. As the course proceeds, parents learn experientially how different responses work, and which ones are effective for them. They learn to practise them, first in class, then by trying them out at home. At-home experiences are discussed in the following session. Anecdotal evidence (Good, 1999; Grill, 1999) and recognised inclusion of Gordon's PET skills in available textbooks of applied psychology (Bolton, 1993; Egan, 1986; McKay, Davis & Fanning, 1985; L'Abate & Weinstein, 1987; Nelson-Jones, 1986) has continued to suggest that PET succeeds in giving parents the skills they need.

It is important nevertheless to make a current and valid assessment of the outcomes of the program. Such an assessment should investigate whether the program does give parents the skills it claims to teach, and whether it meets their expectations following the considerable commitment of time and work involved. Other questions relate to the help it offers to those who want support in the exacting role of bringing up their children towards responsible and competent adulthood and whether it remains a valuable intervention for families in the twenty-first century.

It was therefore decided to attempt a study of parents' learning of the interpersonal skills taught in PET courses across a number of different instructors in different environments across Australia. It was also seen as an opportunity to develop and test the Australian version of the standard American workbook for PET, which had been sought persistently by instructors for a number of years, and to compare results for the two workbooks. Because of the involvement of the Effectiveness Training Institute of Australia, it was possible to enlist the cooperation of 48 active PET instructors, eleven of whom ran courses, while others recruited participants and assisted in the organisation required.

Aim of the Study

The current PET study set out to investigate the parental acquisition of specific skills and resultant cognitive changes, as well as the satisfaction of parents in dealing with self-identified issues which arose in their own family interactions. Outcomes involving resolution of self-identified parenting issues will be discussed in Chapter 7.

Method

The study was a comparison of three groups. Group 1 consisted of parents who took PET using the standard American workbook (Gordon, 1976); Group 2 were parents who used the Australian PET workbook (Wood, 1997) for the course, and Group 3 were controls who had not taken PET.

Specific Hypotheses

1. Following the PET program there will be enhanced skills in Active Listening, Assertiveness and Conflict Resolution, in both PET groups, as compared to the control group.
2. Parents using the culturally adapted Australian version of the PET workbook will show greater gains in all areas, in comparison with those using the American version.

Participants

Two hundred and thirty two parents took part, including 151 who were enrolled in PET courses. Seventy of these used the American workbook, 81 used the Australian workbook, and 81 were controls. The parents came from 6 different Australian states, thus providing a wide geographical distribution.

To find participants, early in 1996 an announcement was placed in the newsletter of the Effectiveness Training Institute of Australia (ETIA), inviting expressions of interest in taking part in the study. In October 1996, at the ETIA Annual General Meeting in Brisbane, the form of the study was outlined by the experimenter and 14 instructors present indicated their willingness to participate. It was explained that they would be asked to run courses and administer the measures, pre and post, to consenting participants. Following this, a mail-out invited all active registered instructors, in the various states of Australia, to contribute to the study by running courses. Enclosed with this was a form in which willing instructors were asked to supply the likely date of the first 1997 course they would be giving and the estimated number of participants, to provide an idea of the experimental sample size

and the amount of materials required. In response to this letter, a further eight instructors volunteered.

Each participating instructor was advised that the experimenter would phone early in the week before the commencement date to confirm the class numbers. During 1997, some instructors had to withdraw their offer, while others decided to run several courses for the study. In the final event, eleven qualified instructors ran 25 PET courses, 12 using the standard American workbook in 1997, and 13 using the culturally adapted Australian workbook in 1998. Three instructors ran several courses. In total, 151 experimental participants returned completed pre and post measures.

Additional instructors volunteered to source controls in response to a letter sent by the experimenter to 65 ETIA members, most of whom had not run courses for the study. One hundred and seven non-PET trained control parents were recruited, of whom 81 completed entire sets of both pre and post measures. They were obtained by 42 qualified instructors, five of whom had also run courses for the experiment. As far as possible control parents were matched to PET parents by age, sex, age of eldest child, sex and number of children and whether they were intact, step or single parent families. For logistical reasons random allocation was not possible. Table 6.1, on the following page, shows the breakdown of instructors and courses by location.

Table 6.1

Frequencies of Instructors, PET Participants Taught with the Standard US Workbook or the Revised Australian Workbook sand Controls for Each State

	Experimental			Control	
State	Instructors	Stan PET	Aus PET	Instructors	Controls
ACT	1	0	30	2	4
NSW	2	22	20	12	22
QLD	4	11	16	14	20
TAS	3	31	12	5	20
VIC	0	0	0	7	15
WA	1	7	3	2	4
Total	11	71	81	42	81

Materials

Materials for carrying out the tests comprised a series of instructions and forms, which were provided to instructors as a kit package. All instructors were provided with pretest kits containing the materials for administration of measures for the experimental groups. The instructors who had agreed to obtain control participants were also provided with control group pretest kits. The control group kits differed slightly from the experimental group kits for logistical reasons. Sufficient materials for the estimated number of participants were provided to the instructors. All materials were dispatched by express post. The experimental and control group pretest kits included directions to instructors for administration of the measures, a list of participant measures for instructors, information sheets for participants, informed consent forms, the battery of dependent variable measures described below and

associated instructions for participants for filling in the forms. The procedure was repeated at the posttest, with the posttest kits for experimental and control groups including all materials except the information sheets for participants and the consent forms. On each occasion, the instructors were provided with an express post envelope to facilitate prompt return of the completed measures. The materials included in the pretest and posttest kits for the experimental groups are shown in Appendix B2 and those for the control group are shown in Appendix B3.

Dependent Variable Measures

In order to demonstrate theoretical understanding of the principles of PET, its practical application and the subsequent reduction of parental stress concerning behavioural and relationship issues, all participating parents were asked to complete the following battery of measures:

1. Parent-Child Response Sheet (PCRS), (Wood & Davidson, 1987, 1994/95).
2. Issues of Parental Concern (IPC), (Gordon, 1976; Wood, 1997).
3. Subjective Units of Distress Scale (SUDS), (Wolpe, 1990).
4. Family Background Questions (FBQ), (Zubrick, Silburn & Garton, 1993; Wood, 1996).

The scales and questionnaires are shown in Appendices B2 and B3.

This chapter is concerned only with the first of these measures, the Parent-Child Response Sheet (PCRS), concerning theoretical understanding and practical application of the principles of PET. The FBQ was utilised for information on the demographic distribution of participants, including information about age groups, socio-economic circumstances, age, sex and number of children in families, ethnic

background, marital status, including step and single parent family units for analysis by SPSS. Results for the study in relation to the IPC and SUDS measures are reported in Chapter 7.

A further measure, a Parent-Child Response Sheet - B (PCRS -B) which was designed to discriminate between Baumrind's criteria for parental competence and those of Gordon's PET, was constructed and tested in two different versions with parents who were students at the University of Tasmania and PET parents over several months. The first version used was similar to the PCRS (Wood & Davidson, 1987, 1994/95) but it was found by PET parents to be too taxing and time consuming to fill in after the PCRS in the time required. Two further versions in a tick-box format were tested with students and PET parents. Finally, a three-page version was administered in the battery of measures to all the parents, but validation and reliability remained problematic, so the measure was abandoned.

The measures were constructed during 1996, following research to establish the kind of information that would be needed. Each was designed to elucidate a particular aim of the study.

Parent-Child Response Sheet (PCRS)

The Parent-Child Response Sheet (PCRS, Wood & Davidson, 1987, 1994/95) measures the acquisition of listening and assertive skills, and the resolution of conflict by eliciting the written responses of parents to six standardised parent-child interactions. The PCRS appears in Chapter 5 together with evidence of its reliability and validity, and is also included in the experimental and control group kits (Appendices B2.6 and B3.6 respectively).

Family Background Questions (FBQ)

Parents were asked to provide demographic information, including age, sex, occupation, number of children, age of eldest child, ethnic background, age and occupation of partner or spouse, parents' educational levels, and hours worked outside the home. The Family Background Questions form (FBQ, (Zubrick, Silburn & Garton, 1993; Wood, 1996) was constructed using a format adapted from the Caregiver Questions in the Family Background Questionnaire developed for the Western Australian Child Health Survey (Zubrick, Silburn & Garton, 1993). The first 17 items were adapted for the current study (courtesy A.F. Garton) including parent's sex and educational attainments, after which six items covering the respondent's and partner's date of birth, and number and ages of children were added. The FBQ form was included in the experimental and control group kits and is shown in Appendices B2.5 and B3.5.

Procedure

Experimental Groups

PET instructors obtained their participants through various and mostly community based means, including letters to school principals, school newsletters, talks to parent groups, advertisements placed in libraries, on school and community noticeboards, and importantly, through recommendations by previous participants. Some courses were offered through organisations such as Anglicare, Centacare, and parenting centres. Instructors estimated the number of participants they expected, but generally numbers were not accurately known before the first class. The experimenter always included several extra sets with the pretest forms, and the instructor was asked to return all the forms whether used or not.

Instructors received experimental group pretest kits several days ahead of the course start date to the extent possible. They had first to explain the study to their participating parents, who were then asked if they would consent to take part. It was pointed out to the parents that there was no obligation to agree, and that they would be free to withdraw their consent at any time, without penalty. In fact, very few parents did not wish to participate. In some classes, one or two parents refused and in one class, because of some refusals, nobody agreed to take part. Subsequently several parents expressed regret to the instructor that they were not involved in the study (M. Davies, personal communication, 25 April, 1997).

Control Group

The instructors who volunteered to recruit and administer the forms to controls were sent pretest kits for control group participants for the number of participants they had volunteered to obtain.

Administration of Measures

Forty-two qualified instructors administered the tests according to defined procedures, collecting the forms immediately after they were finished, and despatching them back to the experimenter in the prepaid express post envelope provided.

All PET courses were taught in the standard 8-week format, with one three-hour session per week. PET parents completed pretests on the PCRS, IPC, SUDS and FBQ at the beginning of the course before any teaching had taken place, and posttests on the same measures (except the FBQ) at the end of the course, while control parents completed the same tests at the same 8-week interval as far as possible. The measures

were collected immediately and sent back to the experimenter, and no feedback was given to the parents.

PET Course Materials

In conducting the course, instructors used white or blackboards, charts, roleplay cards and audiotapes. The courses conducted in 1997 all used the standard American workbook (Gordon, 1976). All courses conducted in 1998 used the Australian workbook (Wood, 1997). In total, seventy parents used the standard American workbook and 81 used the Australian version. Both workbooks include theoretical descriptions of each skill together with examples of commonly used wording in frequently occurring family situations. More effective wording for each situation is outlined, and parents are encouraged to first render them into their own family style of wording and then practise them according to the principles being taught. Exercises guide them towards understanding why some styles of expression are less successful, and the parents then formulate better ones to try at home. In the following session time is allowed for discussion of any experiences parents wish to share, and the instructor offers guidance if requested, often by means of a spontaneous role-play. Workbook pages are provided for group and self-evaluation, and problem solving role-play cards are used for individuals in small group practice.

Results

Parent-Child Response Sheet (PCRS)

The Parent-Child Response Sheet (PCRS) assesses proficiency in Active Listening, Assertiveness and Conflict Resolution. The pre and post PCRS responses from 232 parents in the three groups were recorded from the original sheets. All experimental and control group responses were given an identification number and a corresponding random number which was generated using a randomised system to prevent any identification of group or serial effects. This procedure was used so that raters would be blind to group membership and whether the form was completed in a pre or post session. Two complete identical sets were made and one of each given to two trained raters.

The raters, both mature age psychology students already trained in PET, spent four hours training, using the PCRS scoring instructions shown in Table 5.4 and two explanatory sheets. The briefing materials that were given to raters are shown in Appendix B4. During the training, the raters scored PCRS responses from previous studies, and spent time reaching acceptable levels of agreement. Scores which differed by more than 3 were discussed until an acceptable moderation was reached. The raters then completed all scoring for the current study independently.

Individual PCRS scores on the three skills from the two raters were entered into the Statistical Package for Social Sciences (SPSS) computer program, and averaged. Results were analysed using a univariate analysis of variance (ANOVA), pairwise comparisons, and frequency tables. Inter-rater correlations on the PCRS scores from the 232 parents (pre and post) for the two independent raters were: Active Listening r = .96, Assertiveness r = .94, and Conflict Resolution r = .90. There were

no significant differences between any of the means at pretest. Mean scores for each of the groups at pretest were quite low, indicating limited competence in the three skills.

The group mean scores for each of the skills are shown in Table 6.2. As indicated by the results of ANOVAs on the pretest scores, there were no significant differences between the groups on any of the pretest measures (Active Listening, $F(2,229) = 0.60$, $p=.55$, Assertiveness, $F(2,229)=3.03$, $p>.05$, Conflict Resolution, $F(2,224)=0.11$, $p=.90$).

Details of the ANOVAs are provided in Appendix C1.

Table 6.2

Pre and Post Group Means for Active Listening, Assertiveness and Conflict Resolution for Standard PET, Australian PET and Controls

		Stan PET (n=70)		Aus PET (n=81)		Control (n=81)	
		Pre	Post	Pre	Post	Pre	Post
Active Listening	*M*	-7.30	2.91	-7.60	3.57	-7.90	-7.66
	SD	3.33	3.50	3.19	2.95	3.55	2.98
Assertiveness	*M*	-6.07	2.79	-5.46	3.88	-6.09	-6.36
	SD	2.13	4.41	1.86	3.88	1.49	1.68
Conflict Resolution	*M*	-4.12	0.49	-3.98	0.96	-3.94	-3.96
	SD	2.45	3.14	2.38	3.07	2.55	2.54

It can be seen from the pretests in Table 6.2 that Active Listening, Assertiveness and Conflict Resolution are not normally part of the skills repertoire of this sample of Australian families. Furthermore significant cognitive improvement on each of these skills was acquired by parents who took PET compared with controls.

On all measures both the standard American PET workbook group and the group using the simplified Australian version showed substantial and statistically significant improvement compared to the control group, when assessed by analysis of variance and Tukey post hoc tests as shown in Table 6.3. Although the mean improvement was marginally higher with the Australian workbook, the difference between the groups using the Australian and standard workbooks was not significant. Details of the ANOVAs and post hoc tests are provided in Appendix C1.

Table 6.3

Comparison of Mean Improvements from Pretest to Posttest of the Standard PET, Aus PET and Controls on the PCRS

		Stan PET n=70	Aus PET n=81	Control n=81
Active Listening	*M*	10.21_a	11.17_a	0.24
	SD	4.93	4.36	2.71
Assertiveness	*M*	8.86_a	9.35_a	0.27
	SD	5.02	4.54	1.82
Conflict Resolution	*M*	4.57_a	5.03_a	-0.21
	SD	3.93	3.60	2.82

Note. Row means sharing a common letter subscript were not significantly different following a Tukey test.

Table 6.4 shows the F tests and effect sizes for the differences in improvement on PCRS scores in the three groups.

Table 6.4

F Tests and Effect Sizes for Differences in Improvement on PCRS Scores in the Three Groups

Scale	*df*	*F*	η^2	Cohen's f
Active Listening	2, 229	176.26***	.61	1.49
Assertiveness	2, 229	145.94***	.56	1.36
Conflict Resolution	2, 219	52.06***	.32	0.84

***$p<.001$.

The size of the treatment effect may be gauged by increases of means ranging from 4.57 to 11.17 on a scale of –10 to +10. The effect sizes may also be assessed by η^2 values which range from .32 to .61. These values are substantial. The values of Cohen's f (Cohen, 1992) were also calculated and range from 0.84 to 1.49. A value of .10 is classified by Cohen as a small effect and .40 is classified as large. Clearly the effect sizes obtained are very substantial.

The greatest improvements in skill were shown by the two PET groups in Active Listening, in which each of the groups had shown major deficits at the pretest, and the smallest improvement occurred in Conflict Resolution, the scores of which had been highest at the pretest. Improvement scores for Assertiveness were almost twice as high as those for Conflict Resolution, and were almost as high as Active Listening. These results indicate that the training program succeeded in transmitting

the specific skills of PET to participants, whose learning compared to the controls is shown by the changes in the PCRS.

Qualitative Evaluation of Changes in Language and Parenting Style Following PET

The impact of the PET program can clearly be seen through changes in the actual language used by individual parents as well as in their parenting style. Following the parents' setting of their objectives at the beginning of the PET course, their attention is deliberately turned towards the emotional aspects of their relationship with their children. In a safe group setting, in which rapport with their peers has been encouraged and built up, they learn awareness of feelings, their own and their children's, and learn experientially to realise how much their feelings relate to the interactions of person, time and place. Dealing with unacceptable behaviours is not addressed until they have been introduced to Active Listening and have had the opportunity to try it at home.

Active Listening

Cognitive changes in parents' responses to the statements of children who are feeling troubled are shown by their Active Listening replies to the first two questions of the PCRS. Examples show important changes in the replies of ordinary parents, although naturally there is variation across parents in the quality of responses. Table 6.5 shows typical responses from randomly selected female and male PET parents from different states of Australia in Active Listening, Assertiveness and Conflict

Resolution skills as shown by their replies on three questions from the PCRS. (The PCRS is shown in Chapter 5 and in Appendices B1.8, B2.6 and B3.6).

Table 6.5

Sample of Changes in PET Parents' PCRS Responses from Pretest to Posttest in Active Listening

No.	Parent	Pre/post	Response
PCRS Question 1(a) I don't know why the kids at school don't like me. I try ever so hard to make friends but they all tease me and make fun of me. I s'pose it's because I'm not pretty. I wish I wasn't me.			
1.	F (QLD)	Pre	I love you the way you are. If you were not you, you wouldn't be mine and I would miss that.
		Post	You sound really upset about that.
2.	F (NSW)	Pre	Don't try so hard to make friends - they will come to you when you stop trying. You are a lovely person and there is a friend out there for everybody, including you.
		Post	You would like to have more friends and be liked by all children.
3.	M (TAS)	Pre	Be friendly, don't ignore them, there's nothing wrong with you, they are just jealous.
		Post	You are not alone, you are as good as anyone else.
4.	M (NSW)	Pre	Why don't you think they like you? How do they tease you? Looks aren't important. I'm sad you're unhappy, but I'm glad you're you.
		Post	So you think you're not pretty?
5.	F (ACT)	Pre	You are special for who you are and it's what's inside that's important. Just be yourself like you are at home and I'm sure you will make friends.
		Post	You feel the children at school don't like you. You feel you would like to be friends with the kids at school?
6.	M (ACT)	Pre	Well, I think you are pretty, and those kids are just being mean. Are there some other children you could be friends with?
		Post	You're dejected because the kids at school tease you when you want to make friends.
7.	F (WA)	Pre	You are very pretty, perhaps you're trying too hard to get them to like you.
		Post	You wish you weren't yourself because you feel the kids at school don't like you.

Note. F = Female. M = Male. Parents are from Australian states ACT, NSW, QLD, TAS and WA.

It can be seen from Table 6.5 that at the pretest, each of the PET participants except No. 4 employs a reassuring statement in response to the child's emotional outburst about lack of friends. Participant No. 4 asks probing questions. Reassurance and probing are among the twelve responses (already described in Chapter 2 which are contraindicated in PET for replying to children upset about a problem. Instead, parents are taught, as a skilled response, to focus on the feelings and facts, but particularly on the feelings, and simply to feed back to the child their understanding of what she has said. Responses at the posttest in Table 6.5 show substantial changes in this direction from six of the participants. Participant No. 4 shows the least change, but has managed to note the child's sense of being alone, which he denies.

Assertiveness

Changes in the responses of the same seven parents on Assertiveness following PET are shown, on the following page, in Table 6.6

Table 6.6

Sample of Changes in PET Parents' PCRS Responses from Pretest to Posttest in Assertiveness

No.	Parent	Pre/Post	Response
PCRS Question 2(a)			
What would you say if you were the parent in this situation? You are backing the car and you nearly hit your 12 yr.old son's bike, which is left on its side right in the way.			
1.	F (QLD)	Pre	I nearly ran over your bike because you left it in the driveway. Be more responsible and thoughtful, and put your things away please.
		Post	I am really upset that your bike was left in the driveway because I almost ran over it, and it would cost a lot of money to replace as well as damage to our car.
2.	F (NSW)	Pre	Now this is what happens when you don't take responsibility for your own things. If I had hit it, you'd be without a bike. Please learn from this - this is <u>your</u> bike.
		Post	When you leave your bike lying in the driveway, I get upset because I have to get out of my car to move it.
3.	M (TAS)	Pre	Son, please put your bike in the right place. Don't leave it on the ground. I could have run over it.
		Post	Always remember to put your bike out of the driveway. I nearly ran over it - then you wouldn't be able to ride it.
4.	M (NSW)	Pre	Don't leave the bike there where I can back over it. It is hard to see reversing a car. Do it again and you won't be able to use it for a week.
		Post	I get angry when you leave the bike in the driveway as I could run over it.
5.	F (ACT)	Pre	I can't believe you left your bike there. How many times have I explained that you must put your bike away when you have finished with it?
		Post	I get concerned when I see a bike in the driveway, because I have to stop the car and put it away. That makes me late for work.
6.	M (ACT)	Pre	I've told you before, you must keep your bike out of the way. I can't check behind the car every time, and it will get run over if it's in the way.
		Post	I get really annoyed when stuff is left in the way of the car, because it might damage the car if it gets run over.
7.	F (WA)	Pre	What were you thinking, leaving your bike there? I could have wrecked my car. What are you, stupid?
		Post	You have made me very angry leaving your bike in the way. I could have damaged my car and ruined your expensive bike.

<u>Note.</u> F = Female. M = Male. Parents are from Australian states ACT, NSW, QLD, TAS and WA.

In PET, parents are taught to confront unacceptable behaviours of their children by describing the behaviour without using blame, their own feelings about the behaviour, and if they wish, the cost to them of that behaviour. These can be stated in any order. As with Active Listening, parents have been taught to avoid the twelve unhelpful responses described in Chapter 2. It can be seen from the pretest responses shown in Table 6.6 that the parents have employed seven of these - ordering, warning, advice, guilt, threat of consequences, nagging and name-calling. At the posttest, on the other hand, participant Nos. 1, 2, 4, 5, and 6 have used I-Messages describing their personal feelings, shifting the focus from shaming the child's behaviour to the relationship between them, and opening the way for the child to change. Participant No.3 still employs ordering and his I-Message infers guilt on the part of the child, but participant No. 4 has fairly well succeeded in describing his feelings and the behaviour without blame, although "I could run over it" implies a little blame. Participant No. 7 has not used name-calling and has conveyed her personal anger, but the message continues to blame the child. However, five of the seven demonstrate substantial change in the direction of non-antagonistic parental assertiveness.

Conflict Resolution

Changes in the responses of the same seven parents in Conflict Resolution following PET are shown in Table 6.7.

Table 6.7

Sample of Changes in PET Parents' PCRS Responses from Pretest to Posttest in Conflict Resolution

No.	Parent	Pre/Post	Response
PCRS Question 3(b)			
It's not fair. Peter always changes the channel when I'm watching TV, and he doesn't ever change it for me when he's watching, and now Dad wants his program on, and I can't watch at all.			
1.	F (QLD)	Pre	Go and do something else.
		Post	You sound upset that you don't get to watch your program. Can you think of any solutions that might satisfy everyone?
2.	F (NSW)	Pre	We should plan beforehand who is watching what, so there's no need to change channels between programs.
		Post	Let's see if we can work this out, what do you think? We can take turns and maybe plan it beforehand.
3.	M (TAS)	Pre	You will have time to watch your program another time.
		Post	Peter should leave the TV alone, Dad needs to watch his show. You will have a turn later.
4.	M (NSW)	Pre	Sort it out yourselves.
		Post	It sounds like you're upset about sharing the TV.
5.	F (ACT)	Pre	Let's have a meeting and work out times for each of you to watch your favourite programs. You will probably need to take turns.
		Post	You feel you don't get to watch your TV program because of Peter and Daddy. We [have to get together with] Peter and Dad so we can agree on a solution
6.	M (ACT)	Pre	Hmm. Looks like we need to sort out the TV watching. We'll work something out after I've watched this program!
		Post	Sounds like everybody wants to watch the TV at the same time. I wonder how we can work it out so that people get to watch what they want?
7.	F (WA)	Pre	Maybe you can watch it tomorrow or go and watch it in my room.
		Post	You feel it's not fair you never get to watch the channel you want.

Note. F = Female. M = Male. Parents are from Australian states ACT, NSW, QLD, TAS and WA.

In conflict resolution training PET parents are taught to employ active listening to understand the needs identified by the children, assertiveness in the form

of I-Messages to state their own needs, and brainstorming to find as many creative solutions as possible, before working out a mutual solution together. Here again, the focus is shifted, this time from the more usual directive solutions from parents to joint decision making. The process is based on openness to possibilities as well as on actively seeking the ideas of the children.

It can be seen from Table 6.7 that Participant Nos. 1, 2, 5, and 6 succeeded in meeting these requirements, with Nos. 1 and 2 having changed from directive statements, while Nos. 5 and 6 had already shown some ability in problem solving at the pretest. Participant No. 3 remains directive, but Nos. 4 and 7 have given an Active Listening response only. In conclusion, it can be seen from the responses shown in the samples in Tables 6.5 through 6.7 that following PET, parents in widely different locations, and with different instructors have been able to formulate a variety of skilled responses which show cognitive changes in language and attitude and awareness of feelings, demonstrating varying levels of effective communication through Active Listening, Assertiveness and skills in Conflict Resolution. Most of the responses meet the requirements for effective replies in the PET style, and they can also be seen to be individual and personal, reflecting the diversity of the respondents.

Control Parents' Responses on the PCRS

In order to further understand and evaluate the changes made from pretest to posttest by the parents who had taken PET, it would be useful to compare them with the responses of the control group. Accordingly PCRS responses in Active Listening, Assertiveness and Conflict Resolution from a similar sample of seven randomly selected control parents from different Australian states is shown in Table 6.8.

Table 6.8

Sample of Changes in Control Parents' PCRS Responses from Pretest to Posttest in Active Listening

No.	Parent	Pre/post	Response
PCRS Question 1(a)			
I don't know why the kids at school don't like me. I try ever so hard to make friends but they all tease me and make fun of me. I s'pose it's because I'm not pretty. I wish I wasn't me.			
1.	F (NSW)	Pre	You should be pleased to be you. Just be yourself and perhaps don't try so hard to make friends. If you are more relaxed maybe they will like you more.
		Post	You should be glad to be you. You are a very likeable person. Perhaps you are trying too hard to make friends. Just relax and be yourself.
2.	F (QLD)	Pre	What do you like about you? Let's work out a way of letting the kids at school know that you are who you are, and there is much to like about you.
		Post	Do you think kids know what being "pretty" means? I bet they don't. I know you are bright and you are attractive. Let's work on being happy...
3.	M (QLD)	Pre	I can see you are unhappy. Tell me about one of your friends that you like and maybe we can arrange for you to play together.
		Post	Hey you are special just the way you are. There's no one else like you. I know it's upsetting but it takes time to make friends. Just join in their play – they'll soon see you're OK.
4.	F (ACT)	Pre	Sweetheart you are a beautiful girl inside and out and I know you have some very special friends who like you for you.
		Post	You are beautiful inside and out. The most important thing is to be yourself.
5.	M (VIC)	Pre	Girls can be bitchy sometimes. Can't they? I guess they will mature eventually. How about we go shopping and check out the new summer range?
		Post	It is difficult with immature people, but they will grow up some day. Perhaps we could go shopping this week.
6.	F (TAS)	Pre	I think you are very pretty, and I'm glad you're you, otherwise mummy wouldn't have a pretty little girl
		Post	Well I think you're pretty, and I'm glad that you're you. I'm sure that you'll make friends soon.

Table 6.8 continued

7.	M (WA)	Pre	Darling you are pretty. You are beautiful. Maybe you try too hard to make friends. You could just be friendly and other children will be friendly back. I am delighted that you're you, and wouldn't want you to be anyone else. I love you exactly as you are.
		Post	Darling maybe you try too hard to make friends. The best way to make friends is to be friendly to everyone. I think you're beautiful and I love you very much.

Note. F = Female. M = Male. Parents are from Australian states ACT, NSW, QLD, TAS, VIC and WA.

It can be seen from Table 6.8 that at the pretest, four of the control participants, Nos. 2, 4, 5 and 6 employ a reassuring statement in response to the child's emotional outburst about lack of friends. Participant No. 5 asks probing questions. Nos. 1, 6 and 7 offer advice. No. 1 "moralises" using "shoulds". No. 3 takes over the problem with a directive statement, while No. 5 suggests a diversion from the problem. No. 7 analyses the problem. Each of these responses is to be found among the twelve responses, already described in Chapter 2, which are contraindicated in PET for replying to children upset about a problem.
All of the control parents repeat the same kinds of responses as they used in the pretest, although their wording is slightly different.

Assertiveness

Changes in the responses of the same seven control parents on Assertiveness are shown in Table 6.9.

Table 6.9

Sample of Changes in Control Parents' PCRS Responses from Pretest to Posttest in Assertiveness

No.	Parent	Pre/Post	Response
PCRS Question 2(a)			
What would you say if you were the parent in this situation? You are backing the car and you nearly hit your 12 yr.old son's bike, which is left on its side right in the way.			
1.	F (NSW)	Pre	Please don't ever leave your bike on the driveway. Sometimes I'm in a hurry and don't have time to check.
		Post	You left your bike on the driveway and I nearly hit it. Please don't leave it there again.
2.	F (QLD)	Pre	Your bike is your responsibility to look after and park properly just the same as I do for my car. If you want a bike as well as other possessions you must take care of them.
		Post	If you don't appreciate your things and look after them you can't expect them to be safe and ready for you to use again. Put your bike away and think about what might have happened.
3.	M (QLD)	Pre	Come and look what nearly happened. What should you do about this next time?
		Post	Come out here and have a look what might have happened. You'd have to pay for repairs if it was damaged.
4.	F (ACT)	Pre	I'm banning the bike for a while to teach you take care of your property.
		Post	That wasn't very responsible to leave it there. Until you can learn to be responsible you can't ride for X amount of time.
5.	M (VIC)	Pre	Your bike is off limits this week, locked in the shed. It will be two weeks next time.
		Post	Your bike is now confiscated for a week. Tell me why!
6.	F (TAS)	Pre	Lucky I saw your bike. If I had of run over it I couldn't afford another one. Put it out the back and make sure you leave it there again.
		Post	I've asked you not to leave your bike in the driveway. Put it on the steps where it's safe and then everyone will be happy. I can't afford to buy another bike just because you're careless.
7.	M (WA)	Pre	I nearly ran over your bike. I have told you before to put things away when you have finished playing with them. You would be very upset if I crushed your bike. Please put it away.
		Post	I have told you to put your bike away when you stop using it. What do you think would have happened if I had run over your bike? Please put it away now.

Note. F = Female. M = Male. Parents are from Australian states ACT, NSW, QLD, TAS and WA.

It will be remembered that PET parents confront unacceptable behaviours of their children by describing the behaviour without using blame, together with their own feelings about the behaviour, and if necessary the cost to them of that behaviour. As with Active Listening, the twelve unhelpful responses described in Chapter 2 should be avoided. It can be seen from the pretest responses shown in Table 6.9 that five of the parents, Nos.1, 3, 4, 6 and 7 have employed blaming statements, while Nos. 2 and 5 used threat of consequences. At the posttest. participant Nos. 1, 2, 3, 4, 6 and 7 have used blaming statements, while Nos. 4 and 5 used punishment. Nos. 2 and 3 include threats of consequences. Although four of the respondents have used "I-statements", they all convey blame. Because the application of nonantagonistic assertiveness is being assessed, respondents are penalised for the lack of this PET skill.

Conflict Resolution

Changes in the responses of the same seven control parents in Conflict Resolution are shown, on the following page, in Table 6.10.

Table 6.10

Sample of Changes in Control Parents' PCRS Responses from Pretest to Posttest in Conflict Resolution

No.	Parent	Pre/Post	Response
PCRS Question 3(b)			
It's not fair. Peter always changes the channel when I'm watching TV, and he doesn't ever change it for me when he's watching, and now Dad wants his program on, and I can't watch at all.			
1.	F (NSW)	Pre	We'll just have to agree each morning who will watch which programs – including Dad. Each of you can select one or two favourites and work it out from there. You must all agree to stick to a schedule.
		Post	You must learn to share with the rest of the family. Why don't we agree on who can watch what and when. We'll draw up a schedule. Why don't you help me get dinner now – you are good at doing the vegetables.
2.	F (QLD)	Pre	We all have to learn to share the TV and compromise over what we watch. Not everyone will always get what they want – but it should be a fair system all round.
		Post	We all have to compromise and watch some of what we want and some of what others want. Nobody gets their own way all of the time.
3.	M (QLD)	Pre	Why don't you go up to our bedroom and watch on the other TV. Let's have a look at what is on and see if it's suitable for you.
		Post	You can have your show. You'll have to go upstairs and watch the other TV.
4.	F (ACT)	Pre	I think it's time to work out which shows everyone wants to watch and do a roster,.
		Post	I think we had better work out a roster so everyone gets a turn on the TV.
5.	M (VIC)	Pre	It is disappointing when that happens, but Mums and Dads pay the bills so I guess they expect to be able to watch their special programs. But I think I might have a word with that bossy boots Peter.
		Post	It is tough being the littlest. How about we sit down and work out the program you really want to watch and the ones your brother really wants and we will guarantee them for each of you. Okay?
6.	F (TAS)	Pre	Everyone go to their own rooms and watch TV or find something else to do.
		Post	Well I think it would be easier to go and watch TV in my room.

Table 6.10 continued

7.	M (WA)	Pre	Life is not fair. Life is what you make it. Everyone can watch TV but you can't all watch different things at the same time. You need to talk to Peter and Mum so that you can all see some TV programs you like. Go and talk to Mum now.
		Post	That's right darling. There is no such thing as fair. If you want to watch a program you need to negotiate with Peter and tell Mummy or Daddy if he won't negotiate.

Note. F = Female. M = Male. Parents are from Australian states ACT, NSW, QLD, TAS and WA.

Although control parents Nos 2 and 4 suggest that a fair compromise must be sought, they along with all the others unilaterally propose the solutions to be followed. Parent No. 5 is able to Active Listen, but asks the child for agreement to *his* solution. None of the parents asks for suggestions from the child, which is necessary for the PET form of conflict resolution.

Parents' Anecdotal Reports

PET parents also reported satisfaction with family changes resulting from implementation of the changed responses and style they had learned in PET, as can be seen from the samples shown in Table 6.11 below.

Anecdotal reports provide useful information about the kinds of changes that PET parents had made in their families, the difficulties they had experienced and the successful interactions. Parents who knew they had a problem with communication, but hadn't known what to do about it, appreciated PET in helping them to interact with their children in a way they could not do before. One parent said she no longer reacted instinctively to situations, and now was able to decide what to do with particular problems. Several parents commented on the effectiveness of Active Listening, not only at home but also at work and with friends. One parent had come to PET in the hope of finding alternatives to threats and bribes, and found it worked

very well. Another parent reported positive changes in her young children when she was able to use Active Listening and I-Messages. Several parents reported more confidence in their parenting, more patience, less resort to criticism, and calmer, more relaxed households. Many parents realised that they needed perseverance and plenty of practice to continue skilled use of PET, but were confident that they would do so because it was so rewarding to the family. The reports illustrate parental satisfaction with the family changes made through their awareness of, and response to children's feelings, together with honesty and assertiveness about their own feelings and point of view, and a changed way of managing situations of conflict. Samples of parents' anecdotal reports are shown in Table 6.11.

Table 6.11
Anecdotal Reports from Parents after completing PET

Acknowledging the way the child feels has made a huge difference.
Children expressing feelings more, and naming feelings, e.g. asking "Mummy, are you feeling sad?"
Have learnt that Active Listening guides children to fix their own problems and conflicts, and express their feelings more.
I thought I'd lost my relationship with my son, now we are listening again and repairing the damage.
More acceptance, can now understand child's point of view.
Much less tension, more of a partnership.
Our children show pleasure at really being heard and accepted.
Student daughter who had left home because we were not getting on, phoned, dejected having failed exam, and instead of saying she hadn't studied enough, I remembered instructor's words "She needs a friend", and Active Listened. Now she's home again.
Active Listening has made a dramatic change in our marriage and family.

Table 6.11 continued

Great benefit from consciously exercising Active Listening.

Listen better, more acceptance, understand child's viewpoint.

I am more aware of child's statements as emotion not rudeness.

People are listening and responding to me at home and work.

Being able to feel comfortable instead of guilty by saying "Sorry, but I'm too tired now" has eased the guilt I've been carrying around for not being a "super-mum."

Made it possible to communicate with my parents when they wanted to take over my children.

I notice my wife is more understanding of some of the I-Messages.
The three-part I-Message is very effective when I apply the techniques in an honest way.

I don't get angry so easily at my husband and children.
I appreciated the concrete problem solving techniques.
Conflict Resolution skills gave me the chance to deal with conflict and problems, thereby enhancing my relationships.

Taught me the importance of non-confrontation, " non-bossyness" in dealing with children.

My best learning was with techniques to resolve conflicts, recognising different aspects of causes of conflict, and sharing problems.

Discussion

A major finding of the study is contained in the improvement scores of the experimental groups on Active Listening, Assertiveness and Conflict Resolution. On each of these measures the PET parents showed substantial and statistically significant gains compared with the control group. The parents who took PET acquired skill in Active Listening, demonstrating their ability to listen and respond to children's emotional problems in a way which was substantially different from the responses of traditional parenting practices, as indicated in the responses of all three groups on the pretest. This improvement was shown in both PET groups, but did not occur in the control group which showed minimal change. The results for the PET parents demonstrate a successful outcome of training the complex skill involved in the understanding and de-coding of emotional signals, a major component of Active Listening, and one which is closely associated with social competence in both adults and children (Feldman, Philippot & Custrini, 1991).

Similarly, substantial improvement was demonstrated in the assertiveness responses of the PET parents, who showed by their use of I-Messages that their responses were motivated by their relationship with the children rather than the traditional responses of duty, guilt and blame, as shown in the pretests of each group, and continued in the posttest of the control group. Here again the results for the PET parents demonstrated successful self-regulated emotional learning, and the use of a socialisation practice aimed at eliciting children's cooperation without damaging the relationship, an essential criterion for effectiveness (Linehan, 1977), and one which people find difficult to acquire (Wilson & Gallois, 1993). The result is convergent with that of Zhou et al. (2002), who showed in a longitudinal study that children's

negative behaviours were mediated by parents' emotion-related socialisation practices. Family experience is important for children in learning emotional understanding through parental modelling (Feldman et al., 1991; Halberstadt, 1991) and acceptance of personal responsibility, is shown by Wilson and Gallois (1993) to occur when assertiveness is sensitive and socially appropriate to the context, in this case between parent and child.

The scores for Conflict Resolution in the two PET groups again showed substantial and statistically significant improvement compared with the control group, and demonstrated basic changes from an authoritarian style to an open search for mutual solutions. The gains on this skill were less than on the other two, which may be explained by the fact that conflict situations occur in most families, and parents already have preferred strategies in place about how to solve them, whereas both Active Listening and Assertiveness using I-Messages require an entirely new kind of learning for most parents. In addition, both Active Listening and Assertiveness are taught intensively in the course for a longer period, the first from two weeks into the course, and the second from four weeks, while Conflict Resolution is typically only tackled at Week 6. Another reason may be found in the wording of the PCRS Question 3, in that quite a number of experimental participants used an active listening reply only, presumably in response to the emotional content of the child's statement. Responses to this question are expected at least to contain openness and a request for suggestions, although inclusion of active listening is good, as can be seen in the briefing materials for raters shown in Appendix B4.

The findings on the PCRS replicate those previously reported by the same researchers (Wood & Davidson, 1987; 1994/95), and are comparable with those of the PCRS validation study reported in Chapter 5 of the current investigation.

The fact that the results for the PET parents using either the American workbook or the Australian version are both substantially greater than those of the control group also indicates the consistency and value of the program itself in teaching the specific skills, since the Australian version shows only marginally better results. This finding appears to confirm the effectiveness of Gordon's program design, which has been retained in the Australian version.

The skills taught in PET and the orientation of the program are quite specific. They are not generally part of traditional parenting practices, as shown in the pretests of both the experimental and control groups in this sample of Australian parents, but they are learnable, as shown by the changes in the posttests of the PET parents. The changes in the language used by PET parents in interactions with children as shown in the PCRS responses point to the efficiency of the program in producing such results over eight weeks of training. These results occurred consistently across courses taught by different instructors, and in a variety of both urban and country locations. Both the experimental results and qualitative outcomes converge with those pertaining to the achievement of parents' objectives for child management, personal and relationship issues as are shown in Chapters 7 and 8.

CHAPTER 7. AUSTRALIAN PARENTS' ISSUES OF CONCERN AND REDUCTION OF STRESS FOLLOWING PET

Chapter 7 examines the concerns of parents about their children's behaviours and parenting difficulties as well as the stress levels parents report about these issues. The focus of this part of the study is on the quantification and categorisation of the issues reported by all parents, both PET and controls, the reduction of stress about their issues reported by PET parents compared with controls, and the levels of achievement of parenting objectives PET parents reported after completing the course.

McKenry and Price noted in 1994 that the family appears to be under stress more at the present time than ever before. They pointed to the vagaries of present day economies, the changes in standards, expectations and role behaviours, and the ambivalence of parents uncertain of the best way to bring up their families. Research has emphasised the two-way causal relationship of stress at home and workplace stress (Glezer & Wolcott, 1999; Nickols, 1994) and the negative impact of a combination of stress and poor conflict resolution skills (Weston et al., 2002). Adverse parenting practices and poverty-stricken environments have been shown to be correlated with emotional and psychological distress, and to predict behavioural disorders, cognitive disadvantage and later delinquency in children (Pryor & Woodward, 1998). At the same time in more affluent environments, the impact of long working hours, over-stressed parents and the demanding schedules of parents and children have a causal relationship with poor child development outcomes (Gray & Stanton, 2002). Family strengths such as positive communication, appreciation and affection, and time together are concomitant with spiritual wellbeing and the ability to

cope with stress and crisis, according to Stinnett and De Frain, (1985), and McKenry and Price suggest that parenting education which focuses on interpersonal relations could offer an important intervention to avert many of the present problems of society and family management. The PET program is specifically aimed at the reduction of family problems and children's unacceptable behaviours through good communication, the expression of affection and appreciation, appropriate assertiveness and the peaceful resolution of conflicts. These in turn focus on prevention of problems, as well as constituting a surprisingly radical intervention for the widespread difficulties faced by ordinary families every day.

Aim of the Study

The study set out to quantify individual parental concerns about their children's behaviour and to document the achievement of their aims in relation to these concerns, together with the reduction of parental stress through using the PET skills with their children.

Specific Hypotheses

1. Following the use of skills acquired through completion of the PET course, parents in both PET groups will show greater reduction of stress in relation to their specific concerns, in comparison to parents in the control group.
2. Following the PET program, there will be substantial parental achievement of specific goals in both PET groups.

Method

As with the study of the acquisition of the PET skills reported in Chapter 6, this part of the study was a comparison of three groups. Group 1 consisted of parents who took PET using the standard American workbook; Group 2 were parents who

used the Australian PET workbook for the course, and Group 3 were controls who had not taken PET. All the parents completed the Issues of Concern (IPC) and SUDS measures at the pretest in the same time frame as the Parent-Child Response Sheet (PCRS) and Family Background Questions (FBQ).

Dependent Variable Measures

Issues of Parental Concern (IPC)

In the PET course, parents set out their family concerns, generally about their children's behaviour, and their relationships with the children, in the first session. Both workbooks contain a "Setting Objectives" form for this purpose. The Setting Objectives form (Experimental Group IPC Form, Gordon, 1976; Wood, 1997) is shown in Appendix B2.8.

Control parents were given a similar form on which to list their concerns about their children's behaviour, their relationships with the children and their levels of stress (SUDS). The Control Group IPC Form is shown in Appendix B3.8.

Subjective Units of Distress Scale (SUDS)

Parents were also asked to assess the amount of stress they felt about each of their issues on a SUDS (Wolpe, 1990) scale of 0 (little or no stress) to 10 (major stress), and to include this figure on the IPC forms. The SUDS was developed as a simple but sensitive measure which can be readily understood and calibrated but is essentially quick and non-intrusive. It was first formulated by Wolpe (1969) for use in desensitisation procedures, and is frequently used both in clinical practice and

experimental studies in sensitive areas such as Post Traumatic Stress Disorder (PTSD) (Thyer, Papsdorf, Davis & Vallecorsa, 1984; Hyer, 1994; Keane, Thomas, Kaloupek, Lavori & Orr, 1994, all cited in Shapiro, 1995).

Procedure

For the pretest with the IPC during the first session of the course, PET parents set out their issues of concern with their children, using the Setting Objectives page in the Workbook (Experimental Group IPC Form), with a carbon copy underneath which was collected immediately by the instructor. Control parents set out their issues of concern with their children on a separate similar form (Control Group IPC Form) in the same way. The SUDS score (Wolpe, 1990) was explained by the instructor, and parents were asked to assign a score for the amount of stress they felt about each issue that they identified on the IPC Form, using a scale of 0 (little or no stress) to 10 (major stress). At the posttest, all parents were given a copy of the issues that they had identified at the pretest without the SUDS scores, and again asked to assign a SUDS score to each issue. The relevant forms used for the experimental groups and for the control group are shown in Appendices B2 and B3.

Classification of Parenting Issues Identified in the Current Study

Most parents in the Australian sample in the current study began the IPC by recording their children's undesirable behaviours and the problems of child management, although some of the issues seemed to concern interpersonal matters rather than behaviours. A pilot study of the IPC and SUDS ratings of 23 PET parents plus those of 23 controls had been conducted in 1998. The issues, although not

differentiated by the parents themselves, appeared to fall naturally into two categories, those relating to behavioural management (Child Management) and those to interpersonal relationships (Relationship). In the pilot study the assignment of each issue to the relevant category was partly driven by the theoretical perspective of what constituted an appropriate intervention, for example non-antagonistic assertiveness for Child Management and mutual decision making or empathic listening for Relationship.

One thousand and fortyfour individual items were reported in the Issues of Parental Concern (IPC) by the sample of 232 Australian parents, both PET experimental parents and controls. There were naturally many identical goals and issues as stated by the parents, as well as a good deal of similarity and overlap. All the items were carefully scrutinised and collapsed into 60 categories, as far as possible according to the parents' perspective only, and without reference to the principles of PET intervention which had been given some weight in the pilot study categorisation. Issues perceived by the parents as relating to children's physical and verbal behaviours were categorised as Child Management, whereas those they perceived as interpersonal problems were categorised as Relationship. Parents' self-perceived role frustrations and inadequacies of their own behaviours were placed in the category of Parent Self-Management. While there was some possible overlap, this procedure resulted in a greater proportion of Child Management issues compared with those assigned to Relationship in the pilot study, but it appeared to better reflect the attitudes and aspirations of the parents, as did the small number of issues which related to parent self-management concerns. All the issues were then grouped in accordance with their frequencies, and given a code number to enable analysis using SPSS.

The categorisation of the total issues of concern listed by the Australian parents in the current study including controls (n=232), who completed IPC pretests is shown in Table 7. 1.

Table 7.1
Total Parents' Self-reported Issues of Concern (n=1044) shown as Issues of Child Management, Relationship and Parent Self-Management and Percentage for Each at Pretest

Child Management	Relationship	Parent Self-Management
817 (78.3%)	172 (16.4%)	55 (5.3%)

The self-reported issues shown in Table 7.7 relate to the total number of objectives set at pretest by all the parents, both experimental and controls, whose participation in the study included the IPC measure. The 60 collapsed categories of issues within each area, derived from the 1044 issues identified by the experimental and control parents who participated in the study are shown alphabetically in Table 7.2, on the following page.

Table 7.2
Breakdown of Total Issues Reported by Parents (n=232) and Collapsed into 60 Categories within Child Management, Relationship and Parent Self-Management

No.	Issue	No.	Issue
	Child Management		*Child Management (cont.)*
1.	Aggression	21.	Meal time behaviour
2.	Answering back	22.	Moody behaviour
3.	Bedtime routine	23.	Non-compliance
4.	Better handling of conflicts	24.	Physical risk taking behaviour
5.	Child taking responsibility	25.	Resistance to school
6.	Choice of friends	26.	Self-centred behaviour
7.	Choice of values	27.	Sibling disputes
8.	Chores	28.	Socially inappropriate behaviour and language
9.	Concentrating on task	29.	Substance use
10.	Co-operation in setting boundaries	30.	Tantrums
11.	Deception	31.	Tidiness
12.	Destructiveness	32.	Toilet training
13.	Eating food provided	33.	TV and computer use
14.	Education and extra-curricular effort	34.	Unassertiveness
15.	Effective communication	35.	Understand value of money
16.	Forgetting agreement	36.	Unacceptable noise
17.	Hygiene	37.	Waking at night
18.	Hyperactive behaviour	38.	Whining
19.	Listening and responding	39.	Willingness to try new things
20.	Managing unacceptable behaviour		
	Relationships		*Parent Self-Management*
40.	Avoidance responses	53.	Wants affirmation of own parenting style
41.	Develop shared interests	54.	Estranged parent wants contact with children
42.	Engender good citizenship	55.	Guilt over lack of quality time with children
43.	Family harmony	56.	Help child to accept parental split/step parent
44.	Help child express feelings	57.	Parent takes unrealistic responsibility for child
45.	Help child feel heard	58.	Wants to control own anger
46.	Help child solve problems	59.	Wants to get own needs met
47.	Help child victim of bullying	60.	Wants to provide financial security
48.	Loving / accepting relationship		
49.	Promote child's self-esteem		
50.	Respect for people and rules		
51.	Siblings perceive favouritism		
52.	Unreal self expectations (child)		

The Process Used to Collapse the Issues into a Manageable Sample

In order to illustrate the process that was used to collapse the parents' self-reported issues into a manageable sample of their objectives, examples of the kinds of reported issues which were collapsed into the 39 categories of Child Management are shown in Table 7.3. Similar procedures (not shown here) were followed with collapsing the Relationship and Parent Self-Management issues respectively.

Table 7. 3
Sample of Experimental and Control Parents' Reported Child Management Issues at Pretest Collapsed into 39 Categories

Child Management Issue	Example
Aggression	Aggression to parent, aggression towards child himself, hitting and pushing younger siblings.
Answering back	Backchatting while being disciplined, arguing when corrected.
Bedtime routine	Going to bed when asked or agreed, going to bed without argument, going to bed alone.
Better handling of conflicts	Need for more knowledge of effective ways to handle conflicts between parent and child, being more relaxed about conflicts, enforcing discipline without using violence.
Child taking responsibility	Blaming others, need to increase child's self-reliance, not thinking of consequences, asking opinion on everything and then arguing, not wanting to take necessary medicine because of taste.
Choice of friends	Friends whose values are not considered acceptable to parent.
Choice of values	Scorn about older car.
Chores	Being willing to help, doing chores asked, looking after pets, getting help without arguments, homework included in this category when listed with other chores.
Co-operation in setting boundaries	Importance of getting agreements about rules.
Concentrating on task	Getting dressed, cleaning room, eating dinner, especially getting ready for school on time, not getting sidetracked into play, TV watching, chattering, daydreaming.
Deception	Lying, learning how to lie, hiding things belonging to others rather than giving them back.
Destructiveness	Breaking china, breaking ceramics, destroying sibling's toys.

Table 7.3 continued.

Eating food provided	Going off without breakfast, parent having to cook separate meals, giving lunch food away at school, eating junk food and not having room for proper meals.
Education and extra-curricular effort	Doing homework, leaving homework to last minute, keeping commitments, practising music or sport, parent making more effort too.
Effective communication	Better communication of feelings, expressing feelings better - especially anger, understanding successful expression of boundaries, avoidance of nagging and constant repetition, children tuning out.
Forgetting agreement	Not fulfilling promises, not taking/wearing warm jumper as asked, inviting friends at times not allowed.
Hygiene	Washing hands, brushing teeth, brushing hair, showering.
Hyperactive behaviour	How to manage hyperactive child, inappropriate and noisy behaviour around peoples' feet in restaurant.
Listening and responding	Not responding quickly, ignoring parent, changing subject, "switching off".
Managing unacceptable behaviour	Handling conflicts between children without having to resort to withdrawal of privileges, getting parent's view understood, better understanding of children, ability to work better with children's views of behaviour.
Meal time behaviour	Playing with food, not sitting at table or in other designated place, procrastinating about eating, fidgeting, jumping around and not sitting still.
Moody behaviour	Withdrawn, unpredictable moods, not "personable", sad.
Non-compliance	Arguing, making a fuss about requests, refusal to do as asked, defiant behaviour, not staying with parent in public places.
Physical risk taking behaviour	Passion for speed, ignoring dangerous conditions on road.
Resistance to school	Refusal to go, arguing about going to school, placing obstacles in the way i.e. "I can't go because my hair is not done right".
Self-centred behaviour	Overly-assertive, interrupting others, bossiness, not sharing, attention seeking, demanding behaviour of three-year-old.
Sibling disputes	Physical, verbal, bickering, fighting in the car, tormenting each other.
Socially inappropriate behaviour and language	Manners or lack of, using baby language, "talking like a beetle", swearing, tactlessness, not using handkerchief to blow nose, nosepicking, 5 year-old's use of inappropriate language.
Substance use	Drinking alcohol, smoking cigarettes, smoking marijuana, parent anxious about drugs offered at school, parent worried about future drug use as younger child grows up.

Table 7.3 continued.

Tantrums	Tantrums through tiredness and hunger, tantrums in supermarket, tantrums when not getting own way, sulking about not getting own way, relating to child having tantrum, instead of reacting angrily, yelling and generally dismissing child.
Tidiness	Not keeping bedrooms tidy, leaving mess all over the house, no idea of cleaning up.
Toilet training	Bedwetting, daytime wetting, only using nappy, refusing to go to toilet.
TV and computer use	Too much time spent using TV or computers, watching unsuitable material, i.e. violence, watching frightening things that child knows upset her, not stopping when asked, not packing up when asked, not sharing with siblings.
Unacceptable noise	Running round the house, shouting inside, yodeling when baby is going to sleep.
Unassertiveness	Child victim of bullying, child who can't say no to schoolmates.
Understand value of money	Spending without thinking, expecting expensive clothing.
Waking at night	Coming into parents' bed, waking too early, getting up too early, keeping parent awake, waking parent.
Whining	Whinging, nagging, complaining, general whingeing and moaning, complaints about things not good enough.
Willingness to try new things	Getting child interested in something other than TV, timid child always needing encouragement, child unwilling to take any risks.

Examples of Issues Described in Parents' Own Words

Examples of issues described in the parents' actual words, as shown in Tables 7.4 through 7.6, further clarify the process that was used to analyse the issues. Table 7.4 shows examples of both experimental and control parents' statements identifying their concerns relating to Child Management issues. Examples of parents' Relationship issues and Parent Self-Management issues described in their own words are shown in Tables 7.5 and 7.6 respectively.

Table 7.4

Examples of Child Management Issues (n=39) in Parents' Own Words, as Reported by Experimental and Control Parents at Pretest

Child Management Issues	Example
Aggression	"Ten year old son's aggressive behaviour, ie.hitting, pushing his younger two siblings.
Answering back	"Ten year old's backchatting while being disciplined or corrected."
Bedtime routine	"Our youngest son hates going to bed on his own, wants to go to bed at [the] same time as [his] elder sister. (Our solution - daughter goes to bed and gets up a few minutes later)."
Better handling of conflicts	"[I'd like to] learn being more relaxed throughout conflicts. Learn to be in control throughout a conflict."
Child taking responsibility	"My daughter blames either her brother or me for things that go wrong. eg. If she cannot find something, someone else has moved it."
Choice of friends	"It has been very hard for Tony to find friends in our area who have the values and behaviour we want Tony to be around."
Choice of values	"The importance placed on some 'status symbols' ie 'I wouldn't be seen dead in that old volvo.' This shows a complete lack of appreciation for just how fortunate we really are."
Chores	"Getting help with chores from children without having to do a song and dance about it."
Co-operation in setting boundaries	"I want to be able to reach mutual agreements on issues arising."
Concentrating on task	"The two older girls 'mess about' in their bedroom instead of getting dressed for school in the mornings."
Deception	"Joanna starting to learn how to lie."
Destructiveness	"Geraldine to stop breaking crockery and ceramics."
Eating food provided	"How to get them to eat meals laid out for them and not cook separate meals every night."
Education and extra-curricular effort	"Lack of responsibility and care in doing homework. Usually leaving it to the last minute. Nick and Christy both do this but it is more stressful with Nick as he has more homework."
Effective communication	"[I want] to be able to communicate without conflict with my children."
Forgetting agreement	"My son knows that friends are not allowed over after school weekdays - except Fridays - due to homework and sport commitments, but at times can be persistent with requests."
Hygiene	"Having to tell them to brush their teeth and hair every morning."

Table 7.4 continued.

Hyperactive behaviour	"His huge reserves of energy at inappropriate times, eg. crawling around under the table at a restaurant."
Listening and responding	"My main problem is repeating myself all the time. All of my children seem to turn off when I speak."
Managing unacceptable behaviour	"[I'd like to] learn how to enforce the discipline without having to resort to violence."
Meal time behaviour	"Difficult [at] mealtimes. Plays with the food, is not interested, says he doesn't like it, doesn't eat, wants to play etc. instead."
Moody behaviour	"Jessica to be more consistently friendly and communicative."
Non-compliance	"Telling Tanya not to buy animals but she does and [I have] to take them back."
Physical risk taking behaviour	"Son - his risk taking behaviour when riding a bicycle. He is developing a passion for speed and pushing the envelope. We are very encouraging and support his cycling interest but worry about the danger. I recognise it is now his choice, not mine and can only, somewhat lamely, remind him about weather conditions - weekend drivers etc"
Resistance to school	"Six year old doesn't like going to school so we have a few arguments about this."
Self-centred behaviour	"Self orientated - unaware of anyone else or anything else. He controls and dictates to us instead of the other way around."
Sibling disputes	"Pinches and niggles little sister - both argue and blame each other ie 'she pinched me first'" "I want the kids to stop fighting"
Socially inappropriate behaviour and language	"[Getting] child (5) to stop using inappropriate language and words."
Substance use	"My 12 year old was approached at school about marajuana [sic]. I was really pleased he told me, but I'm afraid peer pressure may take over and he may stop coming to me."
Tantrums	"I'd like to be there for my child when he has a tantrum, instead of reacting with yelling and generally dismissing him."
Tidiness	"Carly leaves her mess around the house most of the time. She doesn't have much concept of cleaning up after herself. We often end up having clean ups together."
Toilet training	"Josie refuses to do a poo in the toilet. [She] will only go in a nappy."
TV and Computer use	"Leon to be interested in doing activities instead of just wanting to watch TV."
Unacceptable noise	"Three and a half year old son running up and down the hallway or around and around the loungeroom and 'yodelling' which prevents the baby from sleeping."
Unassertiveness	"My five year old son is a very gentle natured child and therefore can't say no to other kids. This sometimes upsets him."

Table 7.4 continued.

Understanding the value of money	"Chrissy spending her money without thinking."
Waking at night	"Waking up at night, being taken by her father into our bed where she snuggles up to me and kneads me with her feet and strokes my face and won't be deterred by a pillow wedge."
Whining	"The general whinging and moaning. About this is not good enough, that is not good enough, or Yuk! I dont want any of that."
Willingness to try new things	"Her timidity at trying new things. She is naturally conservative, non risk taking, requiring constant encouragement and support."

Note. All names have been changed to protect privacy.

Table 7.5
Examples of Relationship Issues in Parents' Own Words, as Reported by Experimental and Control Parents at Pretest

Relationship Issues	Example
Avoidance responses	"My four year old has a tendancy [sic], if she is annoyed, not to talk and tell you what is wrong eg. you ask her to get dressed - she doesn't. You ask her why and she just looks at the ground and doesn't answer - result, pick her up and change her."
Develop shared interests	"Using my tools and leaving them where he used them. I am reluctant to get too stressed over the issue because I want to encourage his efforts at fixing things and pulling them apart."
Engender good citizenship in child	"How to get him to understand right from wrong and do the right thing at home and school."
Family harmony	"To have a peaceful home, with minimal anger between all of us." "Have more harmony in the family. All be more balanced in our emotions, including adults"
Help child express feelings	"How to get him to open up and tell me about what's happening at school, [with] teachers and children, [and] if he's happy or not."
Help child feel heard	"For me to listen more effectively especially to 'It's not fair', 'Adults don't understand', 'I hate school'."
Help child solve problems	"To be able to problem solve effectively as my children present with difficulties and know how to deal with them."
Help child who is victim of bullying	"Troy is a "victim" in group situations (eg after school care)."
Loving and accepting relationship with child	"Just to have them love, want and need me. And be around me."
Promote child's self-esteem	"To increase their self-confidence, feeling of self-worth, self esteem and feeling good about themselves very very much."
Respect for people and rules	"To discourage name calling and encourage respect for others."
Siblings perceive favouritism	"Perceived lack of justice when the eldest son fights with and hurts the second son. The second son expects me to be tougher in terms of punishment / consequences."

Table 7.5 continued.

Unreal self-expectations (child)	"Son sets very high standards for himself with his schoolwork, usually a straight 'A' student, devestated [sic]to get a 'B+'."

Table 7.6

Examples of Self-Management Issues in Parents' Own Words, as Reported by Experimental and Control Parents at Pretest

Parent Self-Management Issues	Example
Estranged parent wants contact with children	" [I want] contact with my children."
Guilty over lack of quality time with child	"I become upset when my daughter (9) says that I don't spend time with her or play with her enough."
Help child to accept parental split / step parent	"I wish to establish creative new ways for 'our' my family [sic] to interact as I prepare to make a home as a solo parent and two children."
Parent takes unrealistic responsibility for child	"Takes off socks in sleep and throws off blanket in sleep. I keep waking up to cover him."
Wants affirmation of own parenting style	"More confidence in my own approaches (not over-analysing) and feeling that I'm doing the right thing."
Wants to control own anger	"I want to have more control over my own emotions when I am behaviourally challenged by my children."
Wants to get own needs met	" [I want] to learn to communicate my feelings both at home and at work/social [occasions] etc. so that my needs are understood and can be met."
Wants to provide financial security	"To be able to give them a proper financial environment where they don't have to worry."

Note. All names have been changed to protect privacy.

Results

Issues of Parental Concern (IPC) and Subjective Units of Distress Scale (SUDS)

The number of completed pre and post IPC measures together with a SUDS score was less than those on the PCRS, for several reasons: nine parents did not include any issues at all; in one course the instructor forgot to mention the SUDS score and several participants failed to notice it; and a number of participants did not include a SUDS in the pretest or else in the posttest. The numbers of parents who completed the Family Background Questions (FBQ), Parent-Child Response Sheet

(PCRS), Issues of Parental Concern (IPC) and Subjective Units Of Distress Score (SUDS) is shown in Table 7.7

Table 7.7
PET and Control Parents' Frequencies of Completion of Experimental Measures.

FBQ	PCRS	IPC Pre Only	IPC & SUDS Pre and Post
232	232	223	190

Both the IPC and SUDS were completed by 116 PET parents (57 using the standard American workbook and 59 using the Australian workbook), giving a baseline assessment of their objectives for the course in the first session. They then assigned a SUDS score to each one. Seventy-four control parents similarly defined their issues of concern in relation to their children together with SUDS scores at pretest. At the posttest (at the end of the PET course and as nearly as possible at the same interval for controls) parents were given a copy of their self-defined issues without the SUDS score, and asked to again assess the level of stress. Forty-three parents completed an identification of their issues at pretest but failed to include one or both scores for SUDS. Parental issues for the three groups were divided into concerns about Child Management, Relationship and Parent Self-Management, as shown in Table 7.8.

Table 7.8
Parents' (n=223) Identified Issues of Concern Together with Percentages of Total Issues

	Child Management	Relationship	Parent Self-Management
No. of Parents	186	77	26
No. of Issues	817 (78.3%)	172 (16.4%)	55 (5.3%)

Means of SUDS scores for parents' reported stress in relation to Child Management issues, Relationship issues and Parent Self- Management issues are shown in Table 7.9. The groups were similar at pretest on the scores for Relationship ($F(2,74)=0.98$, $p=.38$) and Parent Self-Management issues ($F(2.23)=3.03$, $p=.07$), but control parents were significantly lower ($F(2,183)=22.51$, $p<.001$) on Child Management issues. Details of the ANOVAs are provided in Appendix C1.

Table 7.9.
Means of Parents' Reported Stress on Child Management, Relationship and Parent Self-Management Issues Following PET as Shown by SUDS Scores

		Stan PET		Aus PET		Control	
		Pre	Post	Pre	Post	Pre	Post
Child Management	n	56	56	58	58	72	72
	M	7.48	4.08	7.00	4.11	5.46	4.81
	SD	1.41	2.01	1.82	1.60	2.03	2.06
Relationship	n	29	29	30	30	18	18
	M	6.86	4.04	6.38	3.58	5.89	4.97
	SD	2.53	2.10	2.07	2.20	2.42	2.23
Parent Self-Management	n	11	11	7	7	8	8
	M	7.70	4.09	7.75	4.00	5.54	4.67
	SD	1.48	3.28	2.63	1.83	2.28	2.15

The changes in SUDS scores from pretest to posttest for the three groups are shown in Table 7.10 and the results of the inferential statistics are presented in Table 7.11. Details of the ANOVAs and post hoc tests are provided in Appendix C1. Both PET groups compared to the control group reported a substantial and statistically significant reduction in stress on Child Management and Relationship issues, and a strong trend for reduction in stress on Parent Self-Management issues. No significant differences were found between courses using the different PET workbooks. In terms of effect size, all of the effects were large according to Cohen's criteria (Cohen, 1992).

The difference between the means on Child Management issues at the pretest may have been a factor in motivating the PET parents to enrol for a parenting course.

Table 7.10
Comparison of Mean Improvements from Pretest to Posttest of the Standard PET, Aus PET and Controls on SUDS Scores

		Stan PET	Aus PET	Control
Child Management	n	56	58	72
	M	3.41_a	2.89_a	0.65
	SD	2.03	1.81	1.29
Relationship	n	29	30	18
	M	2.81_a	2.79_a	0.92
	SD	2.49	2.63	2.65
Parent Self-Management	n	11	7	8
	M	3.61	3.75	0.88
	SD	2.65	2.79	2.42

The *F* tests and effect sizes for differences in improvement in SUDS scores in the three groups are shown in Table 7.11. The differences were statistically significant for Child Management and Relationship but not Parent Self-Management. All the effect sizes would be classified as large in Cohen's categorisation (Cohen, 1992).

Table 7.11
F Tests and Effect Sizes for Differences in Improvement in SUDS Scores in the Three Groups

Scale	*F*	η^2	Cohen's f
Child Management	$F(2,183)=48.47^{***}$	.35	0.86
Relationship	$F(2,74)=3.68^{*}$	.09	0.42
Parent Self-Management	$F(2,23)=3.15$	.22	0.61

$^{*}p<.05$. $^{**}p<.01$. $^{***}p<.001$.

Reported Achievement of PET Parents

At posttest, all the PET parents, using either workbook, were asked to report on their goals, in addition to the SUDS rating, as to whether their objectives were achieved, partly achieved, not achieved or no longer relevant. Controls were not asked to provide the achievement information, because at the time, it was thought that experimenter demand might differentially influence the replies of participants who had not taken a parenting course, and would not naturally have an expectation of achievement. With the benefit of hindsight, it would have been useful to have requested an achievement report from control parents nonetheless.

While 157 PET parents completed the IPC measure at pretest, 41 did not include SUDS, and 14 of them failed to complete their achievement levels on the posttest, including a few who withdrew from the study, or did not attend the final

session and could not be contacted. The degree of achievement in relation to the PET parents' issues which had been stated at the pretest, as measured by IPC ratings, are shown in Table 7.12.

Table 7.12
PET Parents (n= 143) Self-reported Objectives and Level of Achievement at Posttest in Percentages

		Achieved	Part Achieved	Not Achieved	No Longer Relevant	Total
Child Management	n	107	322	62	23	514
	%	21	63	12	4	
Relationship	n	37	80	7	5	129
	%	29	62	5	4	
Parent Self-Management	n	15	19	2	1	37
	%	41	51	5	3	

Note. The total number of Issues of Parental Concern set at pretest, and achievement rated at posttest, by PET parents was 680.

It can be seen from Table 7.12 that slightly more than three quarters of the parent's goals related to management of children's behaviours, and nearly one fifth of the goals concerned relationships. In addition, 5% of goals were concerned with parental self-management. After 8 weeks of training, parents felt that they had completely achieved 21% of the behavioural goals, and partly achieved 63%. Typically parents reported that something was partly achieved and they were "working on it" or they felt they now "had the tools to achieve it", as they "improved their skills". Twelve percent of the behavioural goals were reported not achieved. "No longer relevant" usually applied to goals that parents felt were no longer an issue,

either because they had changed their viewpoint as a result of PET training or were no longer concerned because they now understood the behaviour.

Nearly 20% of the parents' objectives concerned the relationships they had with their children, and Table 7.12 shows that well over a quarter of these objectives were considered to be completely achieved, and 62% partly achieved, together over 90%. Five per cent of these goals were reported not achieved, and 4% were considered no longer relevant. Parent Self-Management scores included 41% reported achieved, more than half partly achieved, 5% not achieved and 3% no longer relevant. The partial achievements for Child Management and Relationship goals were very similar, but reported complete achievements for Relationship were 8% higher than those for Child Management, (which relates to behavioural issues).

Discussion

Compared to the control group, significant stress reduction on their specific family concerns was reported by the experimental parents, both in relation to Child Management and Relationship, a finding which appears to confirm the views of McKenry and Price (1994), who suggested that parenting based on the nurturance of interpersonal relationships was more likely to reduce family stress than more traditional parenting styles. Some of the stress reduction shown in the current study may be due to the fact that the parents had taken some action about their issues of concern, by undertaking the PET course, but according to their qualitative assessments (reported in Chapter 6) the program appeared to meet their specific needs on those issues. The trend for reduction of stress on Parent Self-Management issues, may have missed significance because of the small numbers involved.

Qualitative Issues

Frequencies of the Issues Reported by Parents

An examination of the reported frequencies of each issue (shown in the following tables) provides an idea of the hierarchy of the issues of concern as expressed by this sample of Australian parents, regardless of whether or not they had enrolled in a parenting course, as both experimental and control parents' issues are included.

The parents' Child Management (behavioural) issues in order of frequencies and expressed as percentages of the total issues are shown in Table 7.13.

Table 7.13
Frequencies of Experimental and Control Parents' (n=232) Child Management Issues and Shown as Percentages of Total Reported Issues at Pretest

Child Management Issues	No.	Percentage of Child Management Issues	Percentage of Total Issues
Sibling disputes	72	8.8	6.9
Tidiness	68	8.3	6.5
Non-compliance	45	5.5	4.3
Self-centred behaviour	38	4.7	3.6
Effective communication	37	4.5	3.5
Better handling of conflicts	35	4.3	3.4
Concentrating on task	34	4.2	3.3
Listening and responding	34	4.2	3.3
Education and extra-curricular effort	33	4.0	3.2
Child taking responsibility	32	3.9	3.1
Answering back	31	3.8	3.0
Managing unacceptable behaviour	28	3.4	2.7
Meal time behaviour	27	3.3	2.6
Chores	26	3.2	2.5
Tantrums	26	3.2	2.5
Bedtime routine	23	2.8	2.2
Unacceptable noise	21	2.6	2.0
Aggression	20	2.4	1.9
Socially inappropriate behaviour and language	19	2.3	1.8
Whining	17	2.1	1.6
Eating food provided	15	1.8	1.4
TV and computer use	15	1.8	1.4
Willingness to try new things	15	1.8	1.4
Choice of values	12	1.5	1.1
Co-operation in setting boundaries	11	1.3	1.1
Waking at night	9	1.1	0.9
Resistance to school	9	1.1	0.9
Moody behaviour	9	1.1	0.9
Hygiene	9	1.1	0.9
Destructiveness	8	1.0	0.8
Toilet training	7	0.9	0.7
Understand value of money	6	0.7	0.6
Deception	6	0.7	0.6
Forgetting agreement	5	0.6	0.5
Choice of friends	5	0.6	0.5
Hyperactive behaviour	3	0.4	0.3
Unassertiveness	3	0.4	0.3
Substance use	2	0.2	0.2
Physical risk taking behaviour	2	0.2	0.2

Of particular interest are the very high frequencies of reported objectives for dealing with sibling disputes and tidiness, each of which appears to be a strong focus of parental concern, greater than the more usual behavioural concern of non-compliance to parents' requests. Children's self-centred behaviour also rates highly, followed by a perceived need for improved communication with children and better handling of parent-child conflicts about behaviours. Relationship issues by frequency are shown in Table 7.14.

Table 7.14
Frequencies of Experimental and Control Parents' (n=232) Relationship Issues and Shown as Percentages of Total Reported Issues at Pretest

Relationship Issues	No.	Percentage of Relationship Issues	Percentage of Total Issues
Family harmony	48	27.9	4.6
Respect for people and rules	20	11.6	1.9
Help child solve problems	20	11.6	1.9
Help child express feelings	16	9.3	1.5
Help child feel heard	13	7.6	1.2
Loving / accepting relationship	12	7.0	1.1
Engender good citizenship	12	7.0	1.1
Promote child's self-esteem	12	7.0	1.1
Avoidance responses	5	2.9	0.5
Unreal self expectations (child)	5	2.9	0.5
Siblings perceive favouritism	4	2.3	0.4
Develop shared interests	3	1.7	0.3
Help child victim of bullying	2	1.2	0.2

Of considerable interest here is the importance given to family harmony, reported as an objective more than twice as often as that for respect for people and rules, and for helping children to solve their problems. Parents' Self-Management issues are shown in Table 7.15.

Table 7.15
Frequencies of Experimental and Control Parents' (n=232) Self-Management Issues and Shown as Percentages of Total Reported Issues at Pretest.

Parent Self-Management Issues	No	Percentage of Parent Self - Management Issues	Percentage of Total Issues
Wants to get own needs met	13	23.6	1.2
Wants to control own anger	13	23.6	1.2
Guilt over lack of quality time	11	20.0	1.1
Affirmation of own parenting style	6	10.9	0.6
Help child to accept parental split	6	10.9	0.6
Unreal responsibility for child	3	5.5	0.3
Wants to provide financial security	2	3.6	0.2
Estranged, wants contact with children	1	1.8	0.1

The two major concerns expressed as objectives in Table 7.15 concern equally the parent's personal need for recognition and for the management of emotional reactivity, followed closely by concern about available time for dealing well with the interpersonal aspects of family life. Two concerns related to parents in families involved in divorce proceedings.

Comparison with Previous Studies

Since there are few comprehensive descriptions of the child behaviours which do not require clinical treatment or professional family therapy, but nevertheless cause considerable concern to parents while remaining within the normal range, it was surmised that a useful comparison might be made with the identified problems of normal children reported by Achenbach and Edelbrock (1981), in their US study

detailing unacceptable behaviours and competencies of both normal and disturbed children, as reported by their parents.

Comparison with the Child Behaviour Checklist

Achenbach and Edelbrock (1981) in their list of the behavioural problems of normal children between the ages of four and sixteen, included 112 items of behaviour from the Child Behavior Checklist (from a possible 119 items). Approximately 28 of these behaviours related to psychiatric or physiological problems, which were relevant for referred parents, but not among the issues which are problematic for a normal population.

For the purposes of the comparison, the behaviours related to parental handling of normal children in Achenbach and Edelbrock's (1981) Child Behaviour Checklist (CBCL) and identified by number from that list, were placed beside those determined by Australian parents in the current study in 1997, 1998 and 1999.

The Australian parents' objectives in the comparison, together with the issues (in italics) from the Achenbach and Edelbrock (1981) monograph where the indicated problems appear to coincide, are listed below in Table 7.16. The issues nominated by the Australian parents are in the order of the frequencies reported, while Achenback and Edelbrock's behaviours are presented simply in the alphabetical order as listed in the original 1981 monograph. The CBCL was administered in a home interview survey, and was completed by 1300 parents of randomly selected non-referred children.

Table 7.16
Comparison of Australian Parents' Objectives and Problems of Normal Children from the Child Behaviour Checklist (Achenbach & Edelbrock, 1981)

Behavioural Issues Australian Parents (1997-99)	Normal children Achenbach & Edelbrock (1981)
Child Management Issues	
Aggression	Cruel to others (16) Fighting (37) Attacks people (57) Threatens people (97)
Answering back	Argues (3)
Better handling of conflicts	Not listed
Bedtime routine	Not listed
Child taking responsibility	Lacks guilt (26)
Choice of friends	Hangs around children who get into trouble (39)
Choice of values	Behaves like opposite sex (5) Lonely (12) Underactive (102)
Chores	Not listed
Co-operation in setting boundaries	Not listed
Concentrating on task	Can't concentrate (8) Daydreams (17)
Deception	Lying or cheating (43) Secretive (69)
Destructiveness	Destroys own things (20) Destroys others' things (21)
Eating food provided	Doesn't eat well (24)
Education and extra-curricular effort	Poor school work (61)
Effective communication	Not listed
Forgetting agreement	Not listed
Hygiene	Not listed
Hyperactive behaviour	Hyperactive (10)
Listening and responding	Not listed
Managing unacceptable behaviour	Not listed
Meal time behaviour	Nervous movements (46)
Moody behaviour	Not liked (48) Stubborn, sullen or irritable (86) Moody (87) Unhappy, sad or depressed (103) Withdrawn (111)

Table 7.16 continued

Non-compliance	Argues (3) Disobedient at home (22) Disobedient at school (23)
Physical risk taking behaviour	Not listed
Resistance to school	Fears school (30) Needs to be perfect (32)
Self-centred behaviour	Bragging (7) Obsessions (9) Demands attention (19) Poor peer relations (25) Easily jealous (27) Showing off (74)
Sibling disputes	Fighting (37) . Teases a lot (94) Cruel to others (16)
Socially inappropriate behaviour and language	Acts too young (1) Picking (58) Swearing (90)
Substance use	Alcohol or drugs (105)
Tantrums	Sulks a lot (88) Temper tantrums (95)
Tidiness	Not listed
Toilet training	Constipated (49) Daytime wetting (107) Wets bed (108)
TV and computer use	Not listed
Unacceptable noise	Screams a lot (68) Talks too much (93) Unusually loud (104)
Unassertiveness	Self-conscious (71) Shy or timid (75)
Understand value of money	Impulsive (41)
Waking at night	Nightmares (47) Sees things that aren't there (70) Sleeps little (76) Talks or walks in sleep (92) Trouble sleeping (100)
Whining	Whining , Sulks a lot (88)
Willingness to try new things	Too dependent (11) Too fearful or anxious (50)
<u>Relationship Issues</u>	
Avoidance responses	Refuses to talk (65)
Develop shared interests	Not listed
Engender good citizenship	Not listed
Family harmony	Not listed
Help child express feelings	Not listed
Help child feel heard	Not listed
Help child solve problems	Not listed

Table 7.16 continued.

Help child who is victim of bullying	Lonely (12) Poor peer relations (25) Is teased (38) Feels Persecuted (34)
Loving/accepting relationship with child	Not listed
Promote child's self-esteem	Feels worthless (35)
Respect for people and rules	Not listed
Siblings perceive favouritism	Easily jealous (27) Feels unloved (33)
Unreal self-expectations (child)	Needs to be perfect (32) Worrying (112)
Parent Self-Management Issues	
Affirmation of own parenting style	Not listed
Estranged parent wants contact with children	Not listed
Guilty over lack of quality time with child	Not listed
Help child to accept parental split	Not listed
Unrealistic responsibility for child	Not listed
Wants to control own anger	Not listed
Wants to get own needs met	Not listed
Wants to provide financial security	Not listed

Note. Numbers in parentheses in the right hand column refer to the Child Behaviour Checklist (Achenbach & Edelbrock, 1981).

The differences between the two sets of issues may possibly be due to the fact that Achenbach and Edelbrock (1981) were focused on children's behaviours as a continuum from those needing clinical remedies to normal behaviours of children not in need of treatment, while the Australian population was drawn from parents who either were enrolling in a parenting course mainly to deal with children's normal behaviours, or were not seeking any intervention at all. It is nevertheless interesting to note that of 40 behavioural issues identified by Australian parents, 10 were not included by Achenbach and Edelbrock (1981); of 13 Australian identified relationship

issues, eight were not included in the American study, nor were any of the self-management issues included. One reason may be that the approach to behavioural issues of the Australian parents, both experimental groups and controls, was on the interaction between parents and children, rather than upon accepted rules of behaviour. This may reflect cultural differences, both of time, (since over twenty years have passed since the earlier study), and of place, reflecting differences between the American and Australian milieus. It is also noteworthy that compared with the Australian sample, there was no focus on Relationship in the study by Achenbach and Edelbrock (1981) since their approach was generally remedial and behavioural.

Wiese and Kramer (1988), also in the US, reported that most parent training studies during the decade 1975 to 1985 appeared to focus on parents experiencing problems with non-compliant children, those who were disruptive, hard to manage, oppositional, acting out, or conduct disordered. These comprised 36% of referred children. If those who were reported as handicapped or aggressive were added, the numbers rose to 41%. The remainder of referrals concerned developmental issues such as toilet training, thumb sucking, aggressiveness/delinquency and obesity, comprising a further 24%, while the final 35% related to non-specific referrals or parental concerns. Wiese and Kramer (1988) concluded by pointing out that little research appeared to have been done with the parents of nonreferred or normal children. They suggested that future research might usefully focus on the training of parents in the "broader, more diverse set of skills subsumed under the heading of parental competence" with training focused "more on prevention, rather than on remediation" (Wiese & Kramer, 1988, p.329).

The Australian Temperament Project (Prior et al., 2000) identified the following problems experienced by parents of Australian children aged between 2-3

years old, in order of frequency, with the first three relating to 30% of the children: temper tantrums, night wetting, overactivity, excessive shyness, eating fads, excessive sleep problems, sleeping with parent, excessive crying, bowel training, day wetting, waking at night, getting to sleep, clinging, and severe dependency. While the current study has not included a breakdown of problems by age, the same difficulties have been identified among those reported in the Issues of Parental Concern (IPC).

In relation to adolescent children, Prior et al. (2000) reported that parents' main problems in order of frequency were school grades and homework, chores, siblings fighting, respect, money, swearing and talking back, all of which were reported by parents in the current study. Although the parents surveyed in the Australian Temperament Project considered that there was disagreement between parents and children on these issues quite often or all the time, the researchers pointed out that there were large areas of interaction in which there were no disagreements.

Gender Differences in Issues Reported

Gender differences in empathic listening have been reported in the literature (Archer & Constanzo, 1991; Graham & Ickes, 1997; Joshi & MacLean, 1994) as have differing styles of conflict resolution shown by males and females (Gire & Carment, 1993; Osterman et al., 1997). Since gender differences affect skills needed for problem solving and conflict resolution, they are likely also to affect perception of problems in the first place, including the parents' reported issues of concern in the current study. This was therefore the motivation for a comparison of the reported parenting objectives of female and male parents. The following sections report and

discuss the gender differences seen in relation to the different categories of issues identified.

Child Management Issues

Table 7.17 shows the gender differences between female and male parents on their frequencies of the ten most continually reported Child Management objectives.

Table 7.17
Comparison of Frequencies of Female and Male Parents' Child Management Issues (For Key Issues), Shown as Percentages of Their Total Reported Issues at Pretest

Child Management Issues	Females % of Total Issues	Males % of Total Issues
Sibling disputes	7.1	6.0
Tidiness	6.9	5.0
Non-compliance	4.5	3.5
Wants effective communication	3.6	3.5
Better handling of conflicts (parent)	3.2	4.0
Education and extra-curricular effort	3.7	1.0
Answering back	3.4	1.0
Tantrums	2.5	2.5
TV and computer use	1.9	2.5
Choice of values	0.8	2.5

Note. Figures shown for the selected key issues are percentages of total issues. The full list of issues, frequencies and corresponding percentages is shown in Table 7.13.

The differences between the frequencies of the issues selected by male and female parents appear to reflect the differing roles and environments of interaction between the parents and their children. The most frequently reported Child Management issues for both parents are sibling disputes and tidiness, with female parents showing more concern about both issues than male parents. Females also report issues of non-compliance more frequently than males, but both include effective communication at similar levels. Males report objectives about learning

better handling of conflicts more often than females, as they do about TV and computer use and children's choice of values. Objectives about education and extra-curricular effort appear more often among the issues for females, possibly because they are often more involved in dealing with schools, homework and transport of children. It is not clear whether females report issues about children answering back more often than males because they have to deal with it more frequently, or because males are less concerned with its occurrence.

Relationship Issues

Gender differences between female and male parents on the six most frequently reported Relationship issues are shown in Table 7.18.

Table 7.18
Comparison of Frequencies of Female and Male Parents' Relationship Issues (For Key Issues), Shown as Percentages of Their Total Reported Issues at Pretest

Relationship Issues	Females % of Total Issues	Males % of Total Issues
Family harmony	3.9	7.5
Respect for people and rules	1.8	2.5
Help child solve problems	1.5	3.5
Help child express feelings	1.4	2.0
Help child feel heard	0.8	3.0
Loving / accepting relationship	0.8	2.5

Note. Figures shown for the selected key issues are percentages of total issues. The full list of issues, frequencies and corresponding percentages are shown in Table 7.14.

It can be seen from Table 7.18 that male parents report a much greater frequency of concern about relationship issues than do female parents. This may reflect the fact that females are traditionally more familiar and more involved than

males with relationships, and therefore report fewer issues in this area, as well as a growing trend for males to be concerned about such issues. Family harmony was the greatest Relationship objective for both female and male parents, but males reported a figure nearly double that of females.

Parent Self-Management Issues

Gender differences on the four most frequently reported objectives for Parent-Self-Management issues are shown in Table 7.19.

Table 7.19
Comparison of Frequencies of Females' and Males' Parent Self-Management Issues (For Key Issues), Shown as Percentages of Their Total Reported Issues at Pretest.

Parent Self-Management Issues	Females % of Total Issues	Males % of Total Issues
Wants to get own needs met	1.3	1.0
Wants to control own anger	0.1	2.0
Guilt over lack of quality time	0.8	2.0
Affirmation of own parenting style	0.7	0

Note. Figures shown for the selected key issues are percentages of total issues. The full list of issues, frequencies and corresponding percentages is shown in Tables 7.15.

Of most interest in the comparison between the frequency of objectives of female and male parents on Parent Self-Management is the much higher figure for control of anger for males, followed by guilt over lack of quality time, and the slightly higher figure for female parents over getting their own needs met, and the affirmation of their parenting style. Of most interest in the comparison between the frequency of objectives of female and male parents on Parent Self-Management is the much higher figure for control of anger for males, followed by guilt over lack of quality time, and the slightly higher figure for female parents over getting their own needs met, and the

affirmation of their parenting style. However, as these results were not subjected to statistical testing, they shouldnot be over-interpreted. Further experimental results relating to predictors of success following PET, and including gender issues, will be presented in Chapter 8.

CHAPTER 8. PREDICTORS OF VARIABLES INFLUENCING SUCCESSFUL ACQUISITION OF PET SKILLS

Effects of Workbook, Gender and Education on Acquisition of PET Skills

As seen in Chapter 6, the PET programs produced significant improvements on all PCRS measures, and on two of the three SUDS measures compared to the control group. Qualitative information in Chapter 7 showed that there were different effects for male and female parents taking PET in terms of their objectives and possibly in their acquisition of PET skills. Intuitively it seemed possible that there may have been different effects according to both workbook used and to education levels, and that some light might be thrown on the small difference shown between the standard American and Australian workbooks.

Analyses of Variance Performed on the Improvement Scores

In order to investigate the effects of workbook, gender, and education on improvement in acquisition of PET skills as assessed by the PCRS, and on improvement in satisfaction with parenting as assessed by SUDS scores for the two groups, further analyses of variance were performed on the improvement scores (Post - Pre) for the two PET groups across the six measures. Because of small numbers within cells, education was categorised in two levels only - university and non-university.

Improvement in PCRS Scores

Active Listening

Analyses relating to the improvements in PCRS scores for Active Listening, Assertiveness and Conflict Resolution respectively are presented in the following pages. The means for improvement in Active Listening as a function of workbook, gender and education are shown in Table 8.1.

Table 8.1
Improvement in PET Parents' Active Listening Depending on Workbook, Gender and Education

	n	*M*	*SE*
Workbook			
Stan PET	70	9.17	0.67
Aus Pet	81	11.17	0.60
Gender			
Female	117	11.09	0.43
Male	34	9.25	0.79
Education			
University	70	10.29	0.65
Non-university	81	10.04	0.63

Table 8.2 presents the results of the ANOVA on the improvement scores. Details of the analysis are provided in Appendix C2. There are significant effects for workbook (with greater improvement overall using the Australian PET workbook) and gender (with females performing better than males). There is also a significant interaction between gender and workbook.

Table 8.2
Analysis of Variance of PET Parents' Improvement in Active Listening

Source	df	*F*	η^2	*p*
Workbook (W)	1	4.94	.033	.028
Gender (G)	1	4.17	.028	.043
Education (E)	1	0.08	.001	.781
W x G	1	3.99	.027	.048
W x E	1	0.37	.003	.546
G x E	1	0.24	.002	.622
W x G x E	1	1.11	.008	.295
S within-group error	143	(21.07)		

Note. Values enclosed in parentheses represent mean square errors.

The means which relate to the Gender x Workbook interaction are shown in Table 8.3. From this table it appears that the interaction is primarily due to the poorer performance of males using the standard American workbook. In contrast, with the Australian workbook improvements in Active Listening are almost the same for males and females.

Table 8.3
Improvement in PET Parents' Active Listening as a Function of Gender and Workbook

	Females		Males	
	Stan Pet	Aus PET	Stan Pet	Aus Pet
n	55	62	15	19
M	10.99	11.19	7.34	11.15
SE	0.62	0.59	1.19	1.05

Assertiveness

Tables 8.4 below and 8.5, on the following page, present the mean improvements and tests of significance for PET parents' improvement in Assertiveness depending on workbook, gender and education. Details are provided in Appendix C2. As seen from these tables the only significant effect (or interaction) is that of a main effect for education, with a greater improvement in the expression of Assertiveness in university-educated parents. There were no significant interactions.

Table 8.4
Improvement in PET Parents' Assertiveness Depending on Workbook, Gender and Education

	n	*M*	*SE*
Workbook			
Stan PET	70	8.53	0.65
Aus Pet	81	9.30	0.59
Gender			
Female	117	9.54	0.42
Male	34	8.29	0.77
Education			
University	70	10.46	0.63
Non-university	81	7.37	0.61

Table 8.5
Analysis of Variance of Improvement in Assertiveness

Source	df	*F*	η^2	*p*
Workbook (W)	1	0.78	.005	.379
Gender (G)	1	2.05	.014	.154
Education (E)	1	12.46	.080	.001
W x G	1	0.00	.000	.985
W x E	1	1.02	.007	.314
G x E	1	0.61	.004	.436
W x G x E	1	0.09	.001	.766
S within-group error	143	(19.89)		

Note. Values enclosed in parentheses represent mean square errors.

Conflict Resolution

Tables 8.6 and 8.7 on the following page present the mean improvements in PET parents' Conflict Resolution and tests of significance for improvements on workbook, gender and education. Details are provided in Appendix C2. The only significant effect was a main effect for gender, with females showing significantly more improvement in Conflict Resolution skills than males. There was a trend towards a gender x education interaction as shown in Table 8.8, where the greatest improvement in Conflict Resolution skills is for university educated females.

Table 8.6
Improvement in PET Parents' Conflict Resolution Depending on Workbook, Gender and Education

	n	*M*	*SE*
Workbook			
Stan PET	67	3.90	0.53
Aus Pet	79	4.79	0.48
Gender			
Female	112	5.39	0.34
Male	34	3.26	0.62
Education			
University	67	4.57	0.51
Non-university	79	4.08	0.49

Table 8.7
Analysis of Variance of Improvement in Conflict Resolution

Source	df	*F*	η^2	*p*
Workbook (W)	1	1.42	.010	.235
Gender (G)	1	8.98	.061	.003
Education (E)	1	0.46	.003	.499
W x G	1	0.17	.001	.682
W x E	1	1.06	.008	.304
G x E	1	3.79	.027	.053
W x G x E	1	0.31	.002	.581
S within-group error	138	(12.91)		

Note. Values enclosed in parentheses represent mean square errors.

Table 8.8
Improvement in PET Parents' Conflict Resolution as a Function of Gender and Education

	Females		Males	
	University	Non-university	University	Non-university
n	50	62	17	17
M	6.32	4.46	2.81	3.71
SE	0.51	0.46	0.89	0.87

Improvement in SUDS Ratings

The analyses of variance for improvement in SUDS ratings are presented in the following pages. In the analyses of PET parents' improvement in SUDS ratings, the effects of differences in workbook were excluded because of limitations of sample size and the greater interest in the effects of gender and education on improvement of satisfaction with the previously identified parenting issues.

Child Management Issues

Mean improvements for the SUDS ratings of distress over Child Management issues are presented in Table 8.9 on the following page. Inferential statistics are provided in table 8.10. There were no significant effects but possibly a trend for greater improvement by females and by non-university parents. Details of the analyses are provided in Appendix C2.

Table 8.9
Improvement in Parent SUDS Ratings on Child Management Issues Depending on Gender and Education

	n	*M*	*SE*
Gender			
Female	91	3.34	0.20
Male	22	2.49	0.41
Education			
University	56	2.49	0.30
Non-university	57	3.33	0.34

Table 8.10
Analysis of Variance of Improvement in SUDS Ratings on Child Management Issues

Source	df	*F*	η^2	*p*
Gender (G)	1	3.48	.031	.065
Education (E)	1	3.34	.030	.070
G x E	1	2.09	.019	.151
S within-group error	109	(3.58)		

Note. Values enclosed in parentheses represent mean square errors.

Relationship Issues

Mean improvements in PET parents' SUDS ratings on Relationship issues are shown in Table 8.11, on the following page, and inferential statistics in Table 8.12. Details of the analyses are provided in Appendix C2. There was a trend for greater improvement by parents without university education.

Table 8.11
Improvement in Parent SUDS Ratings on Relationship Issues Depending on Gender and Education

	n	*M*	*SE*
Gender			
Female	45	2.91	0.37
Male	14	2.46	0.67
Education			
University	30	1.95	0.54
Non-university	29	3.43	0.55

Table 8.12
Analysis of Variance of Improvement in SUDS Ratings on Relationship Issues

Source	df	*F*	η^2	*p*
Gender (G)	1	0.35	.006	.559
Education (E)	1	3.72	.063	.059
G x E	1	2.26	.040	.138
S within-group error	55	(6.30)		

Note. Values enclosed in parentheses represent mean square errors.

Parent Self-Management Issues

Mean improvement in SUDS ratings on Parent Self-Management issues are shown in Table 8.13, on the following page, and inferential statistics in Table 8.14. There is a significant effect of gender, with greater improvement by females. There is also a tendency for greater improvement by non-university parents as compared to university parents.

Table 8.13
Improvement in Parent SUDS Ratings on Parent Self-Management Issues Depending on Gender and Education

	n	*M*	*SE*
Gender			
Female	14	5.01	0.60
Male	4	1.88	1.17
Education			
University	13	2.10	0.67
Non-university	5	4.78	1.13

Table 8.14
Analysis of Variance of Improvement in SUDS Ratings on Parent Self-Management Issues

Source	df	*F*	η^2	*p*
Gender (G)	1	5.71	.290	.032
Education (E)	1	4.19	.230	.060
G x E	1	0.11	.008	.747
S within-group error	14	(4.08)		

Note. Values enclosed in parentheses represent mean square errors.

Discussion

The results shown in Chapter 8 are illuminating, focusing as they do on the effects of workbook, gender and education - that is upon how parents learn, whether males or females learn better, and whether previous education matters. Particularly important is the finding that males acquire Active Listening skills much better from the Australian workbook. The levels of skill shown by males trained in Aus PET relate well with results reported by Graham and Ickes (1997), who found that men's decoding ability improved when they took into account not only facial expression, but also body language, micro-expressions and discrepancies between auditory and visual cues, all of which are dealt with in PET training, but are perhaps more easily extracted from the simplified vernacular version. Smith, Archer and Constanzo (1991) found that with practice males were able to reach levels of decoding ability which were at least approximately equal to those of females, a situation which is almost exactly reflected in Table 8.3, showing that males using PET equal females in terms of their active listening improvement scores.

It is not clear why university-educated parents show higher scores for improvement in assertiveness. It must be remembered that greater improvement in PET-style assertiveness relates to the acquisition of non-antagonistic assertiveness, where the speaker relies on honest personal feelings and concrete description of behaviour rather than on blameful statements. It does not necessarily imply change from non-assertiveness to assertiveness. It would not be correct to infer that university-educated parents were found to be more assertive than non-university parents, but rather that they had improved more in a style of assertion which was less likely to lead to defensiveness or opposition. It is possible that the increased

complexity involved in this kind of response was a factor involved in the better improvement shown by university-educated parents.

Sharing one's true feelings and reactions without blocking others' responses requires empathic skills and leads to the establishment of authentic and true relationships (Jakubowski & Lange, 1978). This skill is taught in PET as part of assertiveness and requires the speaker to revert from Assertiveness to Active Listening in dealing with defensive replies. Several parents mentioned the difficulty of acquiring this skill, but reported it was extremely rewarding when it was successful.

The finding that female PET parents showed significantly greater improvement in Conflict Resolution skills in comparison with males is in accord with recent research.

The findings on parental satisfaction and reduction of parents' distress over their issues of concern are worthy of note, though only one effect was statistically significant. In relation to Parent Self-Management, female parents showed significantly greater improvement, and there was a trend for greater improvement by non-university parents as compared with those who were university educated. There was a trend for greater improvement in relation to Child Management issues by females and by non-university parents. There was a similar trend for non-university parents to show more improvement on Relationship issues. Overall, the findings appear to relate strongly to the association of PET with changes in verbal style leading to the improvement of child management, family relationships, parent self-management and satisfaction with parenting.

CHAPTER 9. DISCUSSION AND CONCLUSION

In Chapter 9 the main findings of the present research are reviewed against the background of the recent increase of interest in emotional intelligence and the development of socio-emotional skills in children, which was an important motivation for investigating the relevance of Parent Effectiveness Training in the 21st century. The enormous changes which have occurred in the parenting environment over the past fifty years provided a second impetus for conduct of the study, particularly in the light of claims by Dreikurs and Soltz (1964) that the traditional forms of child-raising had been rendered obsolete, and of Gordon (1983) that any reduction in the psychological problems seen in increasing numbers of children would depend on a radical transformation of parenting styles.

The current investigation includes a number of studies relating to the development and evaluation of Parent Effectiveness Training (PET) in Australia and a broad survey of PET in the Australian context. The first study concerned the development of a culturally appropriate Australian parents' workbook for PET, written in a clear Australian idiom, in a form that would make it accessible to a wide range of parents with varying levels of education. It was important that it be written without loss of content, including both the concepts of PET and the operational skills training, which is a particular feature of the design of the PET program. The second study concerned the validation of the Parent-Child Response Sheet using a video/pencil and paper correlation of parent-child dyads. The third and major part of the research concerned parental acquisition of the crucial skills of PET, which are Active Listening, Assertiveness and Conflict Resolution, and parents' reported

reduction of stress following the completion of the course, together with a large body of qualitative information.

The ecological context of parenting has changed radically over the past fifty years, with the result that traditional parenting practices no longer seem adequate or effective (Garbarino & Bedard, 2001). Converging studies in a variety of disciplines point to increasing social problems with young people such as antisocial behaviour (Rutter, Giller & Hagell, 1998), depression (Spence, 2001), homelessness (Sykes, 1993), school drop-out and youth suicide (Mitchell, 2000), in all of which deficits in interpersonal skills appear to be a factor (McCord & Tremblay, 1992; Rutter, Giller & Hagell, 1998). At the same time, longitudinal studies are showing that emotional health and social competence are both essential for the development of well functioning adults (Prior et al., 2000; Pryor & Woodward, 1998), and neurological investigations suggest that these attributes result from nurture and training and are not innate. Parents who establish a strong sense of family connectedness, and show warmth, love and caring protect their children from a wide spectrum of risks (Resnick et al., 1997). Furthermore bringing up children to be cooperative, assertive, self-controlled and empathic trains their social competence, sets them up for self-efficacy and contributes to their resilience in adverse circumstances (Prior et al., 2000). Problem prevention through parent training is increasingly seen as a cost-effective possibility (Spence, 1996).

The equal importance of emotion with cognition has been shown (Dawson, 1994), reversing a long-standing tradition which held that the cognitive capacity of human beings was superior to the affective, which was somehow more primitive and scarcely worthy of research (R. S. Lazarus, 1984; Le Doux, 1998). Emotional intelligence (Salovey & Mayer, 1990) and cognition develop from the earliest days of

life, and are mediated by parental language long before the child has acquired the capacity for verbal self-expression (Bernieri & Rosenthal, 1991; Mills, Coffey-Corinna & Neville, 1994). Empathy and other positive social behaviours depend upon affective bonds that normally are formed during communication exchanges early in life (Buck & Ginsburg, 1997) and both behaviour and the ability to manage emotion can be affected by the infant's interactions with the parent (Fischer & Rose, 1994). The primary relationship for human beings is that of parent and child, and is usually first established between mother and infant. The relationship has been shown to be reciprocal, with the baby's appeal eliciting a caring response, which in turn affects the child. However, in the normal stages of development, the child around two years of age starts to be more assertive and independent, at which time, Gordon (1983) suggested, the parental role also begins to change, the general experience being that parents attempt to become more controlling. This attitudinal change causes a corresponding change in the operational interactions between parent and child, effectively making the status of the child subordinate to that of the parent, which devalues the personal nature of the relationship. The style of language used in PET is intended to restore the focus of the parental interaction onto the relationship, which functions primarily on the emotional level, but which also depends on a balance of cognition and and affect, and is mediated through the effective use of words and body language. Empathic listening taps into the authentic emotional experience of the child, requiring a level of integrity on the part of the parent and a two-way trust which if violated, will put the relationship at risk, but which is essential in maintaining the strong affective bond through which the child learns emotional skills and management.

The Major Survey of the Effectiveness of PET Training

The current research includes a controlled investigation into the acquisition through parent training of the three major interpersonal communication skills: Active Listening, Assertiveness and Conflict Resolution all of which are taught in Parent Effectiveness Training (PET). A foundational part of the study was the construction of a culturally appropriate vernacular workbook for use in Australia. The three-group comparison study (71 standard American workbook, 81 Australian workbook and 81 controls) compared the skill outcomes and stress reduction following PET of 232 parents from a variety of locations, both country and urban, around Australia. The study also involved 48 PET instructors, placing it among the largest and most comprehensive single studies of PET parents and controls.

In this chapter, the major empirical findings are summarised, and their implications for parenting and parent training are noted, as well as possible areas and contexts for future research. Qualitative information and further analyses relating to the program workbook and the effects of gender and education levels on successful learning of PET parenting skills are also examined.

Acquisition of Interpersonal Communication Skills

Both PET groups achieved substantially and significantly higher scores than controls on Active Listening, Assertiveness and Conflict Resolution. The skills were measured by the Parent-Child Response Sheet (PCRS). Evidence of the validity of the PCRS as a measure of behaviour was presented in Chapter 5, in a study which found significant correlations between the pencil and paper measure and behavioural measures.

In Active Listening the substantial improvements achieved by PET parents were the result of radical change in both language and parenting style from the more usual parental responses shown by the three groups at the pretest. Their responses demonstrated substantial learning on a socio-emotional skill which differs from and is more complex than other learned skills (Buck & Ginsburg, 1997), and includes both cognitive and affective perspective taking (Eisenberg, Murphy & Shepard, 1997). Goleman (1996) has pointed out that this skill underpins parents' ability to promote children's self-esteem, and their ability to respect and understand other people. It is a substantial part of emotional intelligence (Salovey & Mayer, 1990), experienced individually and differentially and mediated through its expression in language. Greater emotional awareness is also significantly correlated with impulse-control and self-restraint (Lane, 2000).

The significantly greater improvements in Assertiveness shown by both groups of PET parents as compared with controls indicate further acquisition of socio-emotional skills in self-regulation following the self-awareness learned in exercises experienced before Active Listening was taught, and demonstrated in the posttests of the PCRS by the changed orientation from emotionally-driven criticism to simple blame-free description of children's behaviours coupled with honest self-disclosure of the parents' feelings about the behaviours. The changed responses illustrate understanding of the need for firm and appropriate expression of parental needs in the specific context, but which also include respect for the child and the intention of preserving the relationship, conditions which have been described as essential for appropriate assertiveness (Alberti & Emmons, 1998; Linehan, 1977; Wilson & Gallois, 1993).

PET parents' mean scores for Conflict Resolution were significantly higher than those of the control group, and PET parents showed substantial and significantly greater improvement in the skill, although not as much as they had shown in Active Listening and Assertiveness. As has been suggested, this may partly be due to factors such as the greater difficulty of changing from more directive styles of managing conflict and unilateral to mutual decision-making within the last two weeks of the course, and the tendency of many parents to use Active Listening only in response to the emotional part of the statement made by the child, without responding to the conflictual situation, a possible artefact of the measure itself. As the parents were asked to respond in one or two sentences, they may have considered the Active Listening reply to be the first part of a possibly lengthy interaction.

The gains in Active Listening, Assertiveness and Conflict Resolution as measured by the PCRS replicate the results shown by Wood and Davidson (1987) in a group of parents as compared with controls. They are also in line with those shown in the seven-year follow-up (Wood & Davidson, 1994/95) in which the gains achieved by the PET group in comparison to the control group had fallen to about half the maximum gains achieved at the end of the eight-week course, but remained statistically significant for each of the three skills tested - Active Listening, Assertiveness and Conflict Resolution. In the behavioural study of PET training for parents in conjunction with YET (Youth Effectiveness Training, in which Active Listening, Assertiveness and Conflict Resolution skills training at a less intensive level is addressed to teens) for their teenagers, both youngsters and adults were shown to have made significant improvement in conflict resolution skills, with the parents also improving significantly in assertiveness, and showing a trend for improvement in

active listening (Wood & Davidson, 1993). In hindsight it would have been useful to have also used the PCRS in this study.

The greater gains made by the PET parents in Conflict Resolution after training accord with the findings of Feeney and Davidson (1996) who showed that training in the Conflict Resolution Model (Littlefield et al., 1993), which has essentially the same components as the Gordon model, was effective in improving conflict resolution skills. They also agree with results shown by Davidson and Versluys (1999) who found that participants improved in cooperation and problem solving even after short periods of training, and that those who had been trained in cooperative skills also succeeded in brainstorming procedures. These findings in relation to Conflict Resolution also have important implications for the value of PET in training both adults and young people in successful methods of peacemaking in an increasingly polarised world. The high concern of parents in relation to sibling squabbles and family harmony, as shown in Chapter 7, provides a valuable opportunity within communities for teaching successful methods of dispute resolution, because parents are really anxious to find a better way of dealing with these problems (Wood, 1992).

The Effects of Workbook, Gender and Education

The post hoc analyses investigating predictors of success in acquiring the major skills of PET, as detailed in Chapter 8, showed other significant effects, including those for workbook, gender and education. Overall there were no statistically significant differences between workbooks. It is important to note that males using the Australian workbook improved significantly more in Active Listening than those using the standard American workbook.

This result is of particular importance for the teaching of PET in Australia, but may also have significant implications for the teaching of socio-emotional skills and conflict resolution styles to males as these skills have been shown to be crucial for the development of children's social competence and its promotion in the family, as well as relevant to males in the wider society. The Australian workbook has used a simpler and more direct style of expression than the American, which may be perceived as more accessible and more in keeping with the needs of busy parents today, particularly fathers. In view of the greater interest in parenting and family which is currently shown by fathers (Hand & Lewis, 2002) and the high value placed on family harmony and relationships by fathers in the present study, as shown in Table 7.13, PET may provide males with an acceptable form of parenting education with a focus on interpersonal relations, the kind of program suggested by McKenry and Price (1994) as a desirable form of community intervention.

Gender effects shown in the post hoc analyses are also relative to this issue. Female parents improved significantly more than males in Conflict Resolution skills, with university educated females showing a trend for greater improvement, but the least improvement was shown by university educated males. McKay and Mazurana (2001) pointed out that females tend to emphasise cooperation, reconciliation and relationship building in conflict resolution, (all emphasised in PET) and they add that these are often ignored both in scholarship and in practice. Weingarten and Douvan (1985) suggested that males were more task-oriented, looking for short-term solutions and trying to direct or control negotiations. Samples of male and female parents' conflict resolution replies on the PCRS, shown in Chapter 6 tend to illustrate these positions. Here again there are implications for PET trained parents to use their skills in the wider community, with a resultant benefit for society as a whole.

Although there were no significant effects shown in the post hoc analyses of SUDS ratings in relation to Child Management issues, there were possible trends for greater improvement in the reduction of stress in Child Management by females and by non-university parents, a trend for non-university parents to show greater improvement in Relationship issues, and a tendency for these parents also to show more improvement in parent self-management. These results accord with those found by Rob and Norfor (1980) who found that less skilled parents improved more following PET training than those with more education.

Parents taking PET also showed substantial and statistically significant reduction in stress on Child Management and Relationship issues, and a strong trend for reduction in stress on Parent Self-Management, an effect which was shown for parents using the standard American workbook as well as for those using the Australian version, with no significant difference shown between the two workbooks. There was a difference between the means in the stress reported for Child Management issues at pretest of parents taking PET and control parents who reported lower scores. This difference is probably a motivation for parents to enrol for PET, which accords with the observation of Rogers (1961) that perception of problems is a necessary motivation for action for people to seek remedial education.

PET Parents' Reported Achievement of Objectives for Training

As reported in Chapter 6, in relation to Table 6.9, only the PET parents were asked to report on their achievement levels for the objectives they had set regarding their issues of concern with their children. It was thought at the time that control parents would not have the same expectations of achievement since they were not enrolled in a parenting course, and that such a request might involve demand

characteristics (Orne, 1962) in relation to reporting improvement. It would nevertheless have provided an important comparison.

The PET parents were asked at the posttest to include an achievement level (Achieved, Partially Achieved, Not Achieved or No Longer Relevant) for each objective as well as the SUDS score. Following the intervention of eight weeks of PET training, parents reported complete achievement of 21% of their Child Management objectives, and partial achievement of 63%, with 12% not achieved and 4% no longer relevant, as shown in Table 6.9. Parents were generally confident about eventual achievement in relation to these partially resolved behavioural issues, and reported awareness that it was unreasonable to expect the desired outcomes in a very short time and without more work. Most of the issues reported as not achieved were simply stated as the fact, with a few parents noting that the problem had been present for a long time, and would take more time to change.

Almost one-fifth of the PET parents' issues concerned the relationships they had with their children. More than a quarter of these were completely achieved, which is 8% more than the figure for Child Management, but which accords with the strong emphasis of PET on relationship as the primary factor in the improvement of family concerns. The figure for relationship goals not achieved is almost half that for Child Management, standing at 7%, while that for objectives seen as no longer relevant is 5%. The Parent Self-Management goals were reported as 41% achieved , and more than half partly achieved, with 5% not achieved and 3% no longer relevant, high scores which reflect the fact that self-management is more easily achievable than managing others, but also the efficacy of the program in relation to the type of issue reported.

The self-reported achievement scores perform a useful function in conjunction with the qualitative information shown in Chapter 7, including the samples of changes in the PCRS responses from pretest to posttest and anecdotal reports of parental satisfaction with the PET course. They provide a wider spectrum of evidence to be evaluated in conjunction with the hard data provided by the outcome assessments and inferential statistics.

Issues for Further Investigation

The present study has shown substantial gains in PET parenting skills as shown in a broad sample of Australian parents from both urban and rural backgrounds. Due to the small numbers of parents without some level of secondary education, it was not possible to examine more closely the outcomes of training for less educated parents, although education was categorised from Grade 9 and below through secondary, matriculation, technical and further education, and university. Results showed that parents with less education showed a trend for more improvement on some measures than did those with higher levels of education. Therefore further work in this area would be of benefit. The present study has focused only on the parents. There is also a need for empirical assessment of changes in children following parents' acquisition of PET skills.

Conclusions

In conclusion, the current study has shown that training parents in a collaborative style of family interaction and decision making has provided an adaptive framework for the complex task of bringing up children in a world which has radically changed in a very short time. The changes from more traditional forms of parenting have covered interpersonal skills shown by research to be essential for successful interaction in both the domestic and public spheres. They include the principles and microskills of listening, appropriate assertiveness and conflict resolution, and are mediated through the complexities of the language used. The acquisition, following PET, by a wide sample of Australian parents, of emotional and social skills now understood to be crucial to the development of children's social competence, has demonstrated the continued relevance of Parent Effectiveness Training.

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Appendix A: Dr. Thomas Gordon's Parent Effectiveness Training Workbook (Wood, 1997).

Appendix excluded.

Appendix B: Materials for Evaluation Studies

B1: Materials for the Validation Study of the Parent-Child Response Sheet (PCRS)

B1.1 Information Sheet for Subjects

B1.2 Parent's Statement of Informed Consent Form

B1.3 Participant's Statement of Informed Consent Form (used for step-parents)

B1.4 Young Person's Statement of Informed Consent Form (used for children and adolescents)

B1.5 Parent Instructions for Video Interaction Study

B1.6 Son/Daughter Instructions for Video Interaction Study

B1.7 Daughter/Son Instructions for Video Interaction Study

B1.8 Parent-Child Response Sheet (PCRS)

B1.9 Rater's Brief for PCRS/Video Correlation Study

B1.10 Quick Reference Form for Rating the Parent-Child Response Sheet (PCRS)

B1.11 Roadblocks Reference for Raters

B1.12 Visual Analog Scales for Rating the Video Interaction

UNIVERSITY OF TASMANIA
School of Psychology

STUDY OF AUSTRALIAN PARENTING PRACTICES

Information sheet for subjects

This research is being done by Dr. John Davidson and Mrs. Christine Wood who has been working with parents for a number of years.

We need to see what styles of parenting Australians actually use, and whether these can be identified by the Parent-Child Response Sheet. We will also assess how Australian parenting styles match up with those identified and found by Californian family researcher Diana Baumrind.

Parents at several centres around Australia will be asked this year if they are willing to take part in the study, together with a willing young family member. Those parents who agree will be given one measure to fill in, and will then take part in a three-minute videoed interaction with the offspring. Parents' responses will be identified only by their initials and the age and sex of their children, and will be completely confidential. Participation in the study is entirely voluntary, and anyone is free to withdraw at any time.

Contact Person The contact person for this study is Mrs. Christine Wood in the Psychology Department, University of Tasmania.
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AUSTRALIAN PARENTING PRACTICES STUDY

PARENT'S STATEMENT OF INFORMED CONSENT

1. I have read and understood the "Information Sheet" for this study.

2. The nature and possible effects of the study have been explained to me.

3. I understand that the study involves the following procedures:
   (a) completing the Parent-Child Response Sheet (PCRS).

   (b) undertaking a three-minute videoed interaction together with my son or daughter.

4. I understand that this is a role-play and that we will be de-briefed.

5. Any questions that I have asked have been answered to my satisfaction.

6. I agree to participate in this investigation and understand that I may withdraw at any time without prejudice, including taking PET.

7. I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

Name of subject: .....

Signature of subject: ..... Date .....

8. Statement by the Experimenter:

   I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Experimenter:.....

Signature of experimenter..... Date .....

AUSTRALIAN PARENTING PRACTICES STUDY

PARTICIPANT'S STATEMENT OF INFORMED CONSENT

1. I have read and understood the "Information Sheet" for this study.

2. The nature and possible effects of the study have been explained to me.

3. I understand that the study involves the following procedures:
   (a) completing the Parent-Child Response Sheet
   (b) undertaking a three-minute videoed interaction together with my child.
4. I understand that this is a role-play and that we will be de-briefed.

5. Any questions that I have asked have been answered to my satisfaction.

6. I agree to participate in this investigation and understand that I may withdraw at any time without prejudice, including taking PET.

7. I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

Name of subject: .....

Signature of subject: ..... Date .....

8. Statement by the Experimenter:

   I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Experimenter:.....

Signature of experimenter..... Date .....

AUSTRALIAN PARENTING PRACTICES STUDY

YOUNG PERSON'S STATEMENT OF INFORMED CONSENT

1. I have read and understood the "Information Sheet" for this study.

2. The nature and possible effects of the study have been explained to me.

3. I understand that the study involves the following procedure: undertaking a three-minute videoed interaction together with my parent.

4. I understand that this is a role-play and that we will be de-briefed.

5. Any questions that I have asked have been answered to my satisfaction.

6. I agree to participate in this investigation and understand that I may withdraw at any time.

7. I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

Name of subject: .....

Signature of subject: ..... Date .....

8. Statement by the experimenter:

   I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of experimenter:.....

Signature of experimenter..... Date .....

PARENT INSTRUCTIONS

These are your instructions. Next Saturday is a grandparent's birthday. You really want your son/daughter to go with you in the afternoon to see them. You feel it is a special family occasion.
You have to explain the situation, making sure he/she understands how important it is, and will come with you.

Begin when you are told. A bell will ring at the end of 3 minutes, and you finish off then.

SON /DAUGHTER INSTRUCTIONS

These are your instructions. Next Saturday is your grandparent's birthday. Your mother/father really wants you to go together in the afternoon to visit them. Your parent will explain the situation to you. You really can't go because you have already made a firm arrangement to play in a sports team/ have a play rehearsal etc* and you can't let the others down.
A bell will ring at the end of 3 minutes and you finish off then.

*(whatever suits you best)

DAUGHTER/SON INSTRUCTIONS

These are your instructions. Next Saturday is your grandparent's birthday. Your mother/father really wants you to go together in the afternoon to visit them. Your parent will explain the situation to you.
You really can't go because you have already made a firm arrangement to play in a sports team/ have a play rehearsal etc* and you can't let the others down.
A bell will ring at the end of 3 minutes and you finish off then.

*(whatever suits you best)

AUSTRALIAN PARENTING PRACTICES STUDY

PARENT-CHILD RESPONSE SHEET

Write down your response in the words you would use to the child, as it would be today, in one or two sentences.

1. (a) 10 year old girl, bright, attractive:

"I don't know why the kids at school don't like me. I try ever so hard to make friends, but they all tease me and make fun of me. I suppose it's because I'm not pretty. I'm so unhappy. I wish I wasn't me".

Your response:

(b) 7 year old boy, always hitting and starting fights with his brother or a friend:

"I never start fights. You always blame me. How come you yell at me and you never say anything to him? You like him better than me and you always have. I hate him and I hate you!

Your response:

2. (a) What would you say if you were the parent in this situation?

You are backing the car out and you nearly hit your 12 year-old son's bike, which is left on its side right in the way.

Your response:

(b) Your 8-year old daughter has promised to tidy her clothes after school. You go in to see if she has, and you find *everything* strewn over the bed and the floor.

Your response:

PTO

3. (a) Your 14 year-old son has promised to help you with chores on Saturday afternoon, but early in the afternoon he comes to you and says he has been asked to go with his friends to a film he really wants to see.

Your response:

(b) 6 year-old girl,upset:

"It's not fair. Peter always wants to change the channel when I'm watching TV, and he won't ever change it for me when he's watching, and now Dad says he wants his program on, and I can't watch at all".

Your response:

THANK YOU FOR YOUR CO-OPERATION

RATING THE **PARENT-CHILD RESPONSE SHEET**

1 (a) and 1 (b) are for rating ACTIVE LISTENING
2 (a) and 2 (b) are for CONFRONTATION
(I-M, ASSERTIVENESS)
3 (a) and 3 (b) are for PROBLEM SOLVING, and CONFLICT RESOLUTION skills, which may include A-L, assertiveness about own needs, and openness to other's solution.

Simple ratings are +1 for each use of a skill which is asked for, -1 for absence of the major skill required, and -1 for each "roadblock".

These ratings are for the **specific skills** taught in Parent Effectiveness Training (PET), so would not necessarily apply to other styles of parenting.

1a and 1b (Listening skills) are specifically looking for replies that feed back the feelings spoken or implied in the child's statement, and do not include any "roadblocks". They therefore do not order, warn, moralise, advise, argue, judge or blame, praise or reassure, ridicule, analyse, probe or change the subject. Where replies are given minus ratings, they will be for not acknowledging feelings, and using any of the above (one for each "transgression).

Examples: EH -1a (Rating -2) : no acknowledgment of feelings (-1) "make favourable comments on appearance" = reassurance (-1) So while the reply is very well meant it does not show Listening Skills.
EH -1b : (Rating -3). "Ignore at time" = no acknowledgement of feelings (-1), "point out that...she annoys brother and starts fights" = analysing (-1), "discuss brother's annoying behaviour" analysing (-1).

2a and 2b (Confrontation skills) are similarly looking for parents' replies which include their own feelings ("I" statements), an objective description of the unacceptable behaviour of the child **without blame**, and the concrete effect of the behaviour on the parent in terms of cost (e.g. time or money). Once again "roadblocks" are contra-indicated. (Again rated one minus for each).

3a and 3b (Conflict resolution skills) require an openness on the part of the parent to the child's solutions, a solicitation of the child's ideas, and the offer of possible solutions on the part of the parent.
Direct orders, (and parental solutions only) rate a minus each, as do punishments or "blackmail".

RATING THE PCRS
(Parent-Child Response Sheet)

Simple ratings are +1 for each use of a skill which is asked for, -1 for absence of the major skill required, and -1 for each "roadblock".

QUESTIONS
1.
and
2. are for rating ACTIVE LISTENING
Feedback of feelings [+1] and facts [+1]
"Roadblocks" (NB esp. reassurance) [each -1]

QUESTIONS
3.
and
4. are for CONFRONTATION, ASSERTIVENESS

I-Message (parent's feelings or thought) [+1]
Statement of behaviour without blame [+1]
"Cost" to parent [+1]
Absence of I-statement [-1]
You-messages [-1], "roadblocks" [-1] except additional directions e.g. Put the bike in the garage [0]

QUESTIONS
5.
and
6. are for PROBLEM SOLVING and CONFLICT RESOLUTION skills, which may include:

(a) A-L [+1]
(b) Assertiveness about own needs [+1]
(c) Openness to other's solution or "What can we do ...?", "What do you think ...", "...Lets find a solution" [+1]

Absence of (c) = [-1]
(Absence of A-L or I-M is not scored for this rating)
"Roadblocks" = [-1]

<u>These ratings are for the **specific skills** taught in Parent Effectiveness Training (PET), so would not necessarily apply to other styles of parenting.</u>

ROADBLOCKS

1. and 2. (Listening Skills)
are specifically looking for replies that feed back the feelings spoken or implied in the child's statement, and do not include any "roadblocks". They therefore do not order, warn, moralise, advise, argue, judge or blame, praise or reassure, ridicule, analyse, probe or change the subject. Replies are given a minus rating for not acknowledging feelings, and using any of the above (-1 for each transgression). Use of feedback = [+1]. Direct orders = 0. I-messages change the focus and are not appropriate here.

2. and 4. (*Confrontation* Skills) are looking for parents' replies which include (a) their own feelings ("I" statements) [+1], (b) an objective description of the unacceptable behaviour of the child **without blame [+1]**, and (c) the concrete effect of the behaviour on the parent in terms of cost (e.g. time or money) [+1]. No score given for (b) or (c) not used, but absence of (a) = [-1]. Direct orders = 0.
Again "roadblocks" are rated [-1] for each.

5. and 6. (Conflict Resolution Skills) require
(a) an openness on the part of the parent to the child's solutions, [+1]
(b) a solicitation of ideas, [+1]
and may include
(c) the offer of possible [+1] solutions by the parent.
e.g. "Perhaps I could...", "How about we ..."

Use of active listening feedback and I-Message rate +1 each, inclusion of direct orders = 0, (and parental solutions only – no child input) rate [-1] each, as do punishments, "blackmail" or other roadblocks.

PAIR NO. [ ]

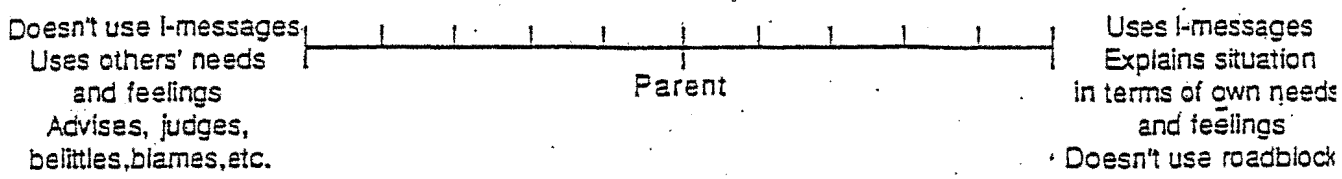
AUSTRALIAN PARENTING PRACTICES STUDY

PARENT-CHILD RESPONSE SHEET

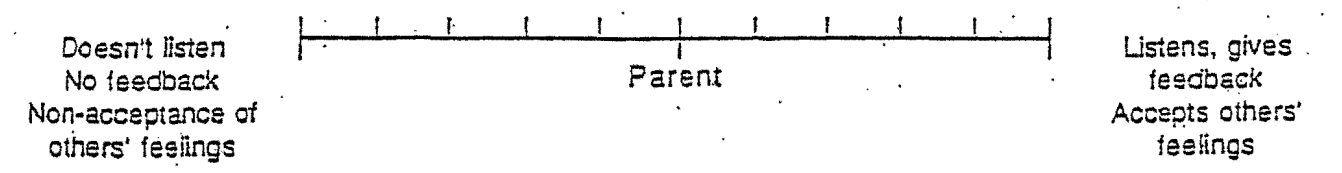
Video Correlation Study

VISUAL ANALOG SCALES

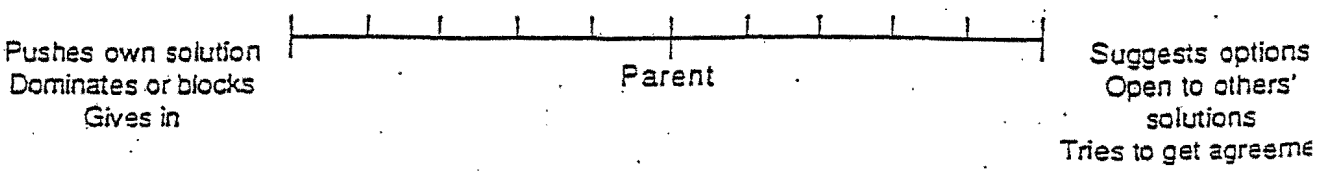
APPROPRIATE ASSERTIVENESS



LISTENING



CONFLICT RESOLUTION



B2: Experimental Group Materials for the Three Group Comparison Study

B2.1 Directions to Instructors for Administering Forms (Experimental Group)

B2.2 Instructor's List of Participant Measures (Experimental Group)

B2.3 Information Sheet for Subjects (Experimental Group)

B2.4 Participant's Statement of Informed Consent Form (used for parents and step-parents)

B2.5 Family Background Questions (FBQ) Form

B2.6 Parent-Child Response Sheet (PCRS)

B2.7 Instructions Given to Parents for Identifying Their Objectives (Issues) for Management of Family Problems

B2.8 Setting Your Objectives Form for Parents Taking PET (Experimental Group IPC Form) (Note: p15 of Dr Thomas Gordon's Parent Effectiveness Training Workbook)

B2.9 Instructions Given to Parents for the Posttest

B2.10 Posttest Form for Identifying Stress Felt in Relation to Issues Identified at the Pretest

B2.11 Photocopy of Carbon Sheet for Marking Stress at Posttest

DIRECTIONS FOR INSTRUCTOR

There are two envelopes in your postpack (marked 1 and 2, and ready stamped for their return). Envelope 1 contains the Information Sheet and measures to be given at the pretest BEFORE ANY PET TEACHING BEGINS.

EASY STEPS FOR ADMINISTRATION

1. Would you please begin by handing out the Info Sheet and Statement of Informed Consent to each participant. Briefly run through the Information with them and answer any questions. Get all willing participants to read through and sign the Consent statement. Collect these. (They may keep the Info Sheet.)

2. Hand out the Family Background Questions sheet. Ask participants to fill this in, and on the back of the form to write the date, and place (i.e. suburb and state). Collect the forms.

3. Hand out the Parent-Child Response Sheet (PCRS). Read out each section, e.g. 1. (a), and wait while they fill in their response. Then read the next one. GIVE NO FEEDBACK OR EXPLANATION OF WHAT IS REQUIRED BEYOND "What you would typically say, in one or two sentences". Collect the forms.

4. Hand out PCRS-B. Read out the directions at the top of the first page only. Collect when all finished NO FEEDBACK PLEASE.

5. When you get to the Section Setting Your Objectives in the Workbook, ask the participants to place a sheet of carbon paper and a blank sheet (both supplied) under the page, (CHECK THAT ALL HAVE THEM THE RIGHT WAY AROUND!) so that their Objectives can be sent back with the other measures. Ask them to put their initials, date, place, and ages of children on the back of the sheet. *

Put all the measures (5 from each person) back in Envelope 1, and mail back to the University of Tasmania as soon as possible.

POSTTEST Envelope 2

DON'T FORGET ME ON THE LAST DAY!

1. On the last day of the course, BEGIN by giving the 2 measures, PCRS as before , and then PCRS-B (STILL NO FEEDBACK).
2. Ask the participants to go back to the Setting Objectives section in the Workbook and using the same numbering, to comment on each of those objectives as Achieved, Partly Achieved, No longer relevant, or any other comments they like. *

POST BACK NEXT DAY IF POSSIBLE in Envelope 2.

* Get them to consider the level of stress they now feel about the Objective, on a scale of 1 to 10, (with 1 = Slight Stress and 10 = Major Stress)and to write the stress number with each Objective.

AUSTRALIAN PARENTING PRACTICES STUDY

INSTRUCTOR LIST OF PARTICIPANT MEASURES

Envelope 1 - PRETEST

MEASURE	QUANTITY	PRETEST
AAPS Info Sheet for Participants	12	To keep
Statement of Informed Consent	12	Sign & date
Family Background Questions (1 page)	12	Fill in
Parent-Child Response Sheet (PCRS)	12	Fill in
PCRS-B (3 pages)	12	Tick boxes
Carbon paper A4	12	Use with blank
Blank sheet for Setting Objectives	12	Use with workbook

Envelope 2 - POSTTEST

Parent-Child Response Sheet (PCRS)	12	Fill in
PCRS-B (3 pages)	12	Tick boxes
Blank sheet for Setting Objectives	12	Use with workbook

UNIVERSITY OF TASMANIA

Department of Psychology

STUDY OF AUSTRALIAN PARENTING PRACTICES

Information sheet for subjects

This research is being done by Dr. John Davidson and Mrs. Christine Wood who has been working with parents for a number of years.

We need to see what styles of parenting Australians actually use, and whether these can be identified by the Parent-Child Response Sheet. We will also assess how Australian parenting styles match up with those identified and found by Californian family researcher Diana Baumrind, and whether there is any difference between parents who have or have not taken PET in relation to her findings.

Parents enrolling in a number of PET programs around Australia will be asked this year if they are willing to take part in the study. Those who agree will be given some measures to fill in at the beginning of the course, and the same ones again at the end of the program. Participants will be identified only by their initials and the age and sex of their children, and responses will be completely confidential.

Participation in the study is entirely voluntary, and anyone is free to withdraw at any time without penalty, including continuing with PET.

Contact Person The contact person for this study is Mrs. Christine Wood in the Psychology Department, University of Tasmania.
Ph. (w) (03) 6226 7664
(h) (03) 6234

GPO Box 252-30 Hoba
Tasmania 7001 Australi
Telephone (03) 6226 223
Facsimile (03) 6226 28

AUSTRALIAN PARENTING PRACTICES STUDY

PARTICIPANT'S STATEMENT OF INFORMED CONSENT

1. I have read and understood the "Information Sheet" for this study.

2. The nature and possible effects of the study have been explained to me.

3. I understand that the study involves the following procedures:
   (a) completing the Parent-Child Response Sheet
   (b) undertaking a three-minute videoed interaction together with my child.
4. I understand that this is a role-play and that we will be de-briefed.

5. Any questions that I have asked have been answered to my satisfaction.

6. I agree to participate in this investigation and understand that I may withdraw at any time without prejudice, including taking PET.

7. I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

Name of subject: .....

Signature of subject: ..... Date .....

8. Statement by the Experimenter:

   I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Experimenter:.....

Signature of experimenter..... Date .....

AUSTRALIAN PARENTING PRACTICES STUDY

TODAY'S DATE:

Family Background Questions

1. Surname .....

2. First name .....

3. In which country were you born? .....Date.....

4. In which country was your spouse/partner born?.....Date.....

5. What is the first language spoken in childhood that you can still understand?

6. Which language other than English (if any) do you speak at home?.....

7. How well do you speak English? .....

8. How old were you when you left school? .....

9. How old was your spouse/partner when they left school? .....

10. What was the highest grade you completed at school? .....

11. What was the highest grade your spouse/partner completed at school? .....

12. What is the highest qualification you have obtained since leaving school? .....

13. What is the highest qualification your spouse/partner has since school? .....

14. What kind of work do you do? (Include Full-time parent /home duties.....

15. Do you have a job or business, or profession? .....

16. What is it? .....

17. Does your spouse/partner have a job, business or profession? .....

18. What is it? .....

19. In your main job, how many hours per week do you work? .....

20. Are you permanent, casual or temporary? .....

21. How many hours does your spouse/partner work? .....

22. List the age and gender (M/F) of each child in your family eg. 12M, 9F, 3F.
.....

23. Are you in a step-family? .....

THANK YOU FOR YOUR CO-OPERATION

AUSTRALIAN PARENTING PRACTICES STUDY

PARENT-CHILD RESPONSE SHEET

Write down your response in the words you would use to the child, as it would be today, in one or two sentences.

1. (a) 10 year old girl, bright, attractive:

"I don't know why the kids at school don't like me. I try ever so hard to make friends, but they all tease me and make fun of me. I suppose it's because I'm not pretty. I'm so unhappy. I wish I wasn't me".

Your response:

(b) 7 year old boy, always hitting and starting fights with his brother or a friend:

"I never start fights. You always blame me. How come you yell at me and you never say anything to him? You like him better than me and you always have. I hate him and I hate you!

Your response:

2. (a) What would you say if you were the parent in this situation?

You are backing the car out and you nearly hit your 12 year-old son's bike, which is left on its side right in the way.

Your response:

(b) Your 8-year old daughter has promised to tidy her clothes after school. You go in to see if she has, and you find *everything* strewn over the bed and the floor.

Your response:

PTO

3. (a) Your 14 year-old son has promised to help you with chores on Saturday afternoon, but early in the afternoon he comes to you and says he has been asked to go with his friends to a film he really wants to see.

Your response:

(b) 6 year-old girl, upset:

"It's not fair. Peter always wants to change the channel when I'm watching TV, and he won't ever change it for me when he's watching, and now Dad says he wants his program on, and I can't watch at all".

Your response:

THANK YOU FOR YOUR CO-OPERATION

When you list any issues you have with your child or children, please be specific, what they actually do, for example, not just "Tom is untidy" but rather "Tom leaves his clothes on the floor", not "My daughter is a worry" but "My daughter doesn't come in at the time she has promised"). (Typical issues include children arguing about bedtime, homework, bickering, whining, smoking, and perceived discrimination; difficult mealtimes, untidy rooms, conflict and relationship issues). Then consider how stressful you find each one, and in the box provided assign each a number between 1 and 10, where 1 is slightly stressful, and 10 is a major stress. Initials etc. on the back.

THANK YOU AGAIN FOR YOUR CO-OPERATION

Purpose:
This course is about the practical everyday things that happen in your family, and your relationships with your children. Use this workbook space to put down some real, practical goals for changes you'd like to bring about.

Directions:
As a parent, what problems are happening with your child, or children, that you'd like to handle better? (Or, looking ahead, difficulties you want to be ready for?) Briefly, list these in the following space.

Describe exactly the behaviour you want to see happen, not something general. For instance: "Lynn to pick up her clothes every day" not just "Lynn to be more helpful".

1.

2.

3.

4.

5.

Look at the issues you have identified, consider how stressful you now feel they are, and in the box provided assign each a number between 1 and 10, where 1 is slightly stressful and 10 is a major stress

THANK YOU AGAIN FOR YOUR CO-OPERATION

Setting Objectives - Posttest Look at each objective, and for each write its number on the page, and either Achieved, Partly achieved, No longer relevant, or whatever other comment you would like to make. For each statement consider the level of stress you now feel about the objective. On a scale of 1 to 10, (with 1 = slight stress to10 = Major Stress) assign a stress number to each.

Setting Objectives - Pretest

For each statement consider the level of stress you now feel about the objective. On a scale of 1 to 10, (with 1 = slight stress to 10 = Major Stress) assign a stress number which you put down with each objective.

B3: Control Group Materials for the Three Group Comparison Study

B3.1 Directions to Instructors for Administering Forms (Control Group)

B3.2 Instructor's List of Participant Measures (Control Group)

B3.3 Information Sheet for Subjects (Control Group)

B3.4 Participant's Statement of Informed Consent

B3.5 Family Background Questions (FBQ) Form

B3.6 Parent-Child Response Sheet (PCRS)

B3.7 Instructions Given to Parents for Identifying Their Issues for Management of Family Problems (used at pretest and posttest)

B3.8 Form for Identifying Issues and Stress Felt in Relation to Family Problems (Control Group IPC Form) (used at pretest and posttest)

DIRECTIONS FOR ADMINISTERING THE FORMS TO PARENTS WITH NO PET TRAINING for the Australian Parenting Practices Study

The envelope in your postpack (ready stamped for return) contains the Information Sheet, consent form, and the four forms to be given on the first occasion.

EASY STEPS FOR ADMINISTRATION

1. Please begin by handing out the Info Sheet and Statement of Informed Consent to the parent. Briefly run through the Information with them and answer any questions. (This study is being conducted with parents Australia-wide, and is part of the doctoral work undertaken by the experimenter. All replies are confidential and will be held for the duration of the study in a lockable cabinet in the department of psychology at the University of Tasmania).

Ask the parent to put the date, their initials, and age and sex of their children on the back of each measure, e.g. 30.5.99, CW, f16, m12, m10. Step-family members in brackets in the same format e.g. (f12, m9). You could help them to do this.

Now get the parent to read through and if willing to take part to sign the consent form.

2. Hand out the Family Background Questions sheet. Ask them to fill this in and put the date their initials, age and sex of children, and the place (suburb or town) on the back.

3. Hand out the Parent Child Response Sheet (PCRS). GIVE NO FEEDBACK OR EXPLANATION OF WHAT IS REQUIRED BEYOND "What you would typically say, **your actual words**, in one or two sentences". Initials etc. on the back as before. Collect the form.

4. Hand out the PCRS-B. Read out the Directions at the top of the page only. Collect when finished. NO FEEDBACK PLEASE. Initials etc. on the back of last page.

5. Hand out the Parenting Issues form. Ask them to write down any issues they have with their child or children. (Ask them to be specific, what they actually do, for example, not just "Tom is untidy" but rather "Tom leaves his clothes on the floor", not "My daughter is a worry" but "My daughter doesn't come in at the time she has promised"). (Typical issues include children arguing about bedtime, homework, bickering, whining, smoking, perceived discrimination, difficult mealtimes, untidy rooms, conflict and relationship issues). Ask them to consider how stressful they find each one, and in the box provided assign each a number between 1 and 10, where 1 is slightly stressful, and 10 is a major stress. Initials etc. on the back.

6. Explain they will be asked asked to fill in the PCRS, PCRS-B, and the Parenting Issues form again in approximately two months' time. Only those three needed then.

7. Put all the measures back in the envelope, and mail back to the University of Tasmania as soon as you conveniently can.

In about eight weeks you will be sent Envelope no. 2 (ready stamped for return) containing your instructions, the PCRS, PCRS -B, and Parenting Issues form ready to give to the same parent (still with no PET training) for the second time.

AUSTRALIAN PARENTING PRACTICES STUDY

LIST OF MEASURES in your pack

MEASURE	What to do
AAPS Info Sheet for Participants	To keep
Statement of Informed Consent	Sign and date
Family Background Questions	Fill in
Parent-Child Response Sheet (PCRS)	Fill in
PCRS-B (3 pages)	Tick box
Parenting Issues form	Fill in

UNIVERSITY OF TASMANIA

Department of Psychology

STUDY OF AUSTRALIAN PARENTING PRACTICES

Information sheet for subjects

This research is being done by Dr. John Davidson and Mrs. Christine Wood who has been working with parents for a number of years.

We need to see what styles of parenting Australians actually use, and whether these can be identified by the Parent-Child Response Sheet. We will also assess how Australian parenting styles match up with those identified and found by Californian family researcher Diana Baumrind.

Parents at various centres around Australia will be asked this year if they are willing to take part in the study. Those who agree will be given some measures to fill in on two occasions, the second time being about eight weeks after the first. Parents' responses will be identified only by their initials and the age and sex of their children, and will be completely confidential.

Participation in the study is entirely voluntary, and anyone is free to withdraw at any time.

Contact Person The contact person for this study is Mrs. Christine Wood in the Psychology Department, University of Tasmania.
Ph. (w) (03) 6226 7664
(h) (03) 6234

GPO Box 252-30 Hobart
Tasmania 7001 Australia
Telephone (03) 6226 2237
Facsimile (03) 6226 2883

AUSTRALIAN PARENTING PRACTICES STUDY

STATEMENT OF INFORMED CONSENT

1. I have read and understood the "Information Sheet" for this study.

2. I understand that the study involves the following procedures:
   (a) Filling in the Parent-Child Response Sheet (PCRS)
   (b) Filling in the PCRS-B
   (c) Filling in the Family Background Questions (FBQ)
   (d) Filling in the Parenting Issues form

3. Any questions that I have asked have been answered to my satisfaction.

4. I understand that this will take approximately half an hour now and the same in about two month's time.

5. I agree to participate in this investigation and understand that I may withdraw at any time.

6. I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

Name of subject: .....

Signature of subject: ..... Date .....

8. Statement by the Experimenter:

I have had this project explained to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Experimenter:.....

Signature of experimenter..... Date .....

AUSTRALIAN PARENTING PRACTICES STUDY

TODAY'S DATE:

Family Background Questions

1. Surname .....

2. First name .....

3. In which country were you born? .....Date.....

4. In which country was your spouse/partner born?.....Date.....

5. What is the first language spoken in childhood that you can still understand?

6. Which language other than English (if any) do you speak at home?.....

7. How well do you speak English? .....

8. How old were you when you left school? .....

9. How old was your spouse/partner when they left school? .....

10. What was the highest grade you completed at school? .....

11. What was the highest grade your spouse/partner completed at school? .....

12. What is the highest qualification you have obtained since leaving school? .....

13. What is the highest qualification your spouse/partner has since school? .....

14. What kind of work do you do? (Include Full-time parent /home duties.....

15. Do you have a job or business, or profession? .....

16. What is it? .....

17. Does your spouse/partner have a job, business or profession? .....

18. What is it? .....

19. In your main job, how many hours per week do you work? .....

20. Are you permanent, casual or temporary? .....

21. How many hours does your spouse/partner work? .....

22. List the age and gender (M/F) of each child in your family eg. 12M, 9F, 3F.
.....

23. Are you in a step-family? .....

THANK YOU FOR YOUR CO-OPERATION

AUSTRALIAN PARENTING PRACTICES STUDY

PARENT-CHILD RESPONSE SHEET

Write down your response in the words you would use to the child, as it would be today, in one or two sentences.

1. (a) 10 year old girl, bright, attractive: ,

"I don't know why the kids at school don't like me. I try ever so hard to make friends, but they all tease me and make fun of me. I suppose it's because I'm not pretty. I'm so unhappy. I wish I wasn't me".

Your response:

(b) 7 year old boy, always hitting and starting fights with his brother or a friend:

"I never start fights. You always blame me. How come you yell at me and you never say anything to him? You like him better than me and you always have. I hate him and I hate you!

Your response:

2. (a) What would you say if you were the parent in this situation?

You are backing the car out and you nearly hit your 12 year-old son's bike, which is left on its side right in the way.

Your response:

(b) Your 8-year old daughter has promised to tidy her clothes after school. You go in to see if she has, and you find *everything* strewn over the bed and the floor.

Your response:

PTO

3. (a) Your 14 year-old son has promised to help you with chores on Saturday afternoon, but early in the afternoon he comes to you and says he has been asked to go with his friends to a film he really wants to see.

Your response:

(b) 6 year-old girl, upset:

"It's not fair. Peter always wants to change the channel when I'm watching TV, and he won't ever change it for me when he's watching, and now Dad says he wants his program on, and I can't watch at all".

Your response:

THANK YOU FOR YOUR CO-OPERATION

When you list any issues you have with your child or children, please be specific, what they actually do, for example, not just "Tom is untidy" but rather "Tom leaves his clothes on the floor", not "My daughter is a worry" but "My daughter doesn't come in at the time she has promised"). (Typical issues include children arguing about bedtime, homework, bickering, whining, smoking, and perceived discrimination; difficult mealtimes, untidy rooms, conflict and relationship issues). Then consider how stressful you find each one, and in the box provided assign each a number between 1 and 10, where 1 is slightly stressful, and 10 is a major stress. Initials etc. on the back.

THANK YOU AGAIN FOR YOUR CO-OPERATION

AUSTRALIAN PARENTING PRACTICES STUDY

Parenting issues -

Could you please identify some separate issues of concern you have working with your child (or children) in things they do, or don't do, and in the way they relate to you or others. Write down each issue in the space provided, and in the box☐ assign a number (from 1 to 10) for the amount of stress you feel about the issue. (1 = slight stress to 10 = major stress)

1.	☐
2.	☐
3.	☐
4.	☐
5.	☐
6.	☐

If you have more issues, please number them on the back of the page, and assign a stress level as before.

(On the back of the page please put today's date, your initials, and the age and sex of each of your children, e.g. F10, M8, F3).

B4: Briefing Materials for Raters for the Three Group Comparison Study

B4.1 Rater's Brief for the Three Group Comparison Study

B4.2 Quick Reference Form for the Parent-Child Response Sheet (PCRS)

B4.3 Road Blocks Reference for Raters

RATING THE **PARENT-CHILD RESPONSE SHEET**

1 (a) and 1 (b) are for rating ACTIVE LISTENING
2 (a) and 2 (b) are for CONFRONTATION (I-M, ASSERTIVENESS)
3 (a) and 3 (b) are for PROBLEM SOLVING, and CONFLICT RESOLUTION skills, which may include A-L, assertiveness about own needs, and openness to other's solution.

Simple ratings are +1 for each use of a skill which is asked for, -1 for absence of the major skill required, and -1 for each "roadblock".

These ratings are for the **specific skills** taught in Parent Effectiveness Training (PET), so would not necessarily apply to other styles of parenting.

1a and 1b (Listening skills) are specifically looking for replies that feed back the feelings spoken or implied in the child's statement, and do not include any "roadblocks". They therefore do not order, warn, moralise, advise, argue, judge or blame, praise or reassure, ridicule, analyse, probe or change the subject. Where replies are given minus ratings, they will be for not acknowledging feelings, and using any of the above (one for each "transgression).

Examples: EH -1a (Rating -2) : no acknowledgment of feelings (-1) "make favourable comments on appearance" = reassurance (-1) So while the reply is very well meant it does not show Listening Skills.
EH -1b : (Rating -3). "Ignore at time" = no acknowledgement of feelings (-1), "point out that...she annoys brother and starts fights" = analysing (-1), "discuss brother's annoying behaviour" analysing (-1).

2a and 2b (Confrontation skills) are similarly looking for parents' replies which include their own feelings ("I" statements), an objective description of the unacceptable behaviour of the child **without blame**, and the concrete effect of the behaviour on the parent in terms of cost (e.g. time or money). Once again "roadblocks" are contra-indicated. (Again rated one minus for each).

3a and 3b (Conflict resolution skills) require an openness on the part of the parent to the child's solutions, a solicitation of the child's ideas, and the offer of possible solutions on the part of the parent.
Direct orders, (and parental solutions only) rate a minus each, as do punishments or "blackmail".

RATING THE PCRS
(Parent-Child Response Sheet)

Simple ratings are +1 for each use of a skill which is asked for, -1 for absence of the major skill required, and -1 for each "roadblock".

QUESTIONS
1.
and
2. are for rating ACTIVE LISTENING
Feedback of feelings [+1] and facts [+1]
"Roadblocks" (NB esp. reassurance) [each -1]

QUESTIONS
3.
and
4. are for CONFRONTATION, ASSERTIVENESS

I-Message (parent's feelings or thought) [+1]
Statement of behaviour without blame [+1]
"Cost" to parent [+1]
Absence of I-statement [-1]
You-messages [-1], "roadblocks" [-1] except additional directions e.g. Put the bike in the garage [0]

QUESTIONS
5.
and
6. are for PROBLEM SOLVING and CONFLICT RESOLUTION skills, which may include:
(a) A-L [+1]
(b) Assertiveness about own needs [+1]
(c) Openness to other's solution or "What can we do ...?", "What do you think ...", "...Lets find a solution" [+1]

Absence of (c) = [-1]
(Absence of A-L or I-M is not scored for this rating)
"Roadblocks" = [-1]

These ratings are for the **specific skills** taught in Parent Effectiveness Training (PET), so would not necessarily apply to other styles of parenting.

ROADBLOCKS

1. and 2. (Listening skills)
are specifically looking for replies that feed back the feelings spoken or implied in the child's statement, and do not include any "roadblocks". They therefore do not order, warn, moralise, advise, argue, judge or blame, praise or reassure, ridicule, analyse, probe or change the subject. Replies are given a minus rating for not acknowledging feelings, and using any of the above (-1 for each "transgression). Use of feedback = [+1]. Direct orders = 0. I-messages change the focus and are not appropriate here.

3. and 4. (Confrontation skills) are looking for parents' replies which include (a) their own feelings ("I" statements) [+1], (b) an objective description of the unacceptable behaviour of the child **without blame** [+1], and (c) the concrete effect of the behaviour on the parent in terms of cost (e.g. time or money) [+1]. No score given for (b) or (c) not used, but absence of (a) = [-1]. Direct orders = 0.
Again "roadblocks" are rated [-1] for each).

5. and 6. (Conflict resolution skills) require
(a) an openness on the part of the parent to the child's solutions, [+1]
(b) a solicitation of ideas, [+1]
and may include
(c) the offer of possible [+1] solutions by the parent.
eg. "Perhaps I could..." "How about we..."

Use of active listening feedback and I-Message rate +1 each, inclusion of direct orders = 0, (and parental solutions only - no child input) rate [-1] each, as do punishments,"blackmail" or other roadblocks.

Appendix C: Analyses of Variance for Data Presented in Chapters 6 and 8

C1: Analyses of Variance for Data Presented in Chapter 6

Oneway ANOVAs for PCRS Pretests with Tukey Post Hoc tests
Q1 = Active Listening, Q2 = Assertiveness, Q3 =Conflict Resolution

Descriptives

		N	Mean	Std. Deviation
Pre PCRS Q1 Rater average (The "b" stands for "before" as pre and post both start with a "p". Therefore "post" questions are named "a" for "after".	Stanpet	70	-7.3000	3.32906
	Auspet	81	-7.6019	3.19075
	Control	81	-7.9012	3.54561
	Total	232	-7.6153	3.35393
Pre PCRS Q2 Rater Average	Stanpet	70	-6.0714	2.13373
	Auspet	81	-5.4630	1.85536
	Control	81	-6.0926	1.48505
	Total	232	-5.8664	1.84489
Pre PCRS Q3 Rater Average	Stanpet	69	-4.1232	2.45310
	Auspet	81	-3.9815	2.37887
	Control	77	-3.9448	2.54907
	Total	227	-4.0121	2.45042

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Pre PCRS Q1 Rater average (The "b" stands for "before" as pre and post both start with a "p". Therefore "post" questions are named "a" for "after".	Between Groups	13.596	2	6.798	.602	.548
	Within Groups	2584.882	229	11.288		
	Total	2598.478	231			
Pre PCRS Q2 Rater Average	Between Groups	20.270	2	10.135	3.030	.050
	Within Groups	765.962	229	3.345		
	Total	786.233	231			
Pre PCRS Q3 Rater Average	Between Groups	1.276	2	.638	.105	.900
	Within Groups	1355.753	224	6.052		
	Total	1357.029	226			

Post Hoc Tests

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Type of PET program studied. Control = no program.	(J) Type of PET program studied. Control = no program.	Mean Difference (I-J)	Std. Error	Sig.
Pre PCRS Q1 Rater average (The "b" stands for "before" as pre and post both start with a "p". Therefore "post" questions are named "a" for "after".	Stanpet	Auspet	.3019	.54828	.846
		Control	.6012	.54828	.517
	Auspet	Stanpet	-.3019	.54828	.846
		Control	.2994	.52793	.838
	Control	Stanpet	-.6012	.54828	.517
		Auspet	-.2994	.52793	.838
Pre PCRS Q2 Rater Average	Stanpet	Auspet	-.6085	.29846	.105
		Control	.0212	.29846	.997
	Auspet	Stanpet	.6085	.29846	.105
		Control	.6296	.28738	.075
	Control	Stanpet	-.0212	.29846	.997
		Auspet	-.6296	.28738	.075
Pre PCRS Q3 Rater Average	Stanpet	Auspet	-.1417	.40304	.934
		Control	-.1784	.40782	.900
	Auspet	Stanpet	.1417	.40304	.934
		Control	-.0367	.39157	.995
	Control	Stanpet	.1784	.40782	.900
		Auspet	.0367	.39157	.995

Oneway ANOVAs on Improvement Scores for PCRS followed by Tukey Post Hoc Tests

Descriptives

		N	Mean	Std. Deviation
Improvement in Active Listening skills	Stanpet	70	10.2107	4.92804
	Auspet	81	11.1698	4.36496
	Control	81	.2407	2.70891
	Total	232	7.0647	6.45217
Improvement in Confrontation Skills	Stanpet	70	8.8607	5.02487
	Auspet	81	9.3457	4.53916
	Control	81	-.2716	1.82140
	Total	232	5.8416	5.99986
Improvement in Conflict Resolution skills	Stanpet	67	4.5672	3.92727
	Auspet	79	5.0316	3.59785
	Control	74	-.2128	2.81802
	Total	220	3.1261	4.19736

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Improvement in Active Listening skills	Between Groups	5829.667	2	2914.833	176.261	.000
	Within Groups	3786.988	229	16.537		
	Total	9616.655	231			
Improvement in Confrontation Skills	Between Groups	4659.691	2	2329.845	145.937	.000
	Within Groups	3655.925	229	15.965		
	Total	8315.616	231			
Improvement in Conflict Resolution skills	Between Groups	1250.983	2	625.492	52.058	.000
	Within Groups	2607.329	217	12.015		
	Total	3858.312	219			

Post Hoc Tests

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Type of PET program studied. Control = no program.	(J) Type of PET program studied. Control = no program.	Mean Difference (I-J)	Std. Error	Sig.
Improvement in Active Listening skills	Stanpet	Auspet	-.9590	.66363	.320
		Control	9.9700*	.66363	.000
	Auspet	Stanpet	.9590	.66363	.320
		Control	10.9290*	.63900	.000
	Control	Stanpet	-9.9700*	.66363	.000
		Auspet	-10.9290*	.63900	.000
Improvement in Confrontation Skills	Stanpet	Auspet	-.4850	.65205	.738
		Control	9.1323*	.65205	.000
	Auspet	Stanpet	.4850	.65205	.738
		Control	9.6173*	.62785	.000
	Control	Stanpet	-9.1323*	.65205	.000
		Auspet	-9.6173*	.62785	.000
Improvement in Conflict Resolution skills	Stanpet	Auspet	-.4645	.57570	.699
		Control	4.7800*	.58455	.000
	Auspet	Stanpet	.4645	.57570	.699
		Control	5.2445*	.56077	.000
	Control	Stanpet	-4.7800*	.58455	.000
		Auspet	-5.2445*	.56077	.000

*. The mean difference is significant at the .05 level.

Oneway ANOVAs on Pretest SUDS Scores for Behavioural, Relationship, and Parent Self-management Issues Followed by Tukey Post Hoc Tests

Descriptives

		N	Mean	Std. Deviation
BSUDSBEH	Stanpet	56	7.4810	1.41212
	Auspet	58	7.0007	1.81973
	Control	72	5.4627	2.03032
	Total	186	6.5500	1.99533
BSUDSREL	Stanpet	29	6.8563	2.53144
	Auspet	30	6.3750	2.06628
	Control	18	5.8889	2.42266
	Total	77	6.4426	2.33295
BSUDSPM	Stanpet	11	7.7045	1.47825
	Auspet	7	7.7500	2.63391
	Control	8	5.5417	2.28131
	Total	26	7.0513	2.24723

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
BSUDSBEH	Between Groups	145.445	2	72.723	22.514	.000
	Within Groups	591.102	183	3.230		
	Total	736.547	185			
BSUDSREL	Between Groups	10.620	2	5.310	.975	.382
	Within Groups	403.023	74	5.446		
	Total	413.642	76			
BSUDSPM	Between Groups	26.343	2	13.172	3.032	.068
	Within Groups	99.908	23	4.344		
	Total	126.251	25			

Post Hoc Tests

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Type of PET program studied. Control = no program.	(J) Type of PET program studied. Control = no program.	Mean Difference (I-J)	Std. Error	Sig.
BSUDSBEH	Stanpet	Auspet	.4803	.33671	.329
		Control	2.0183*	.32022	.000
	Auspet	Stanpet	-.4803	.33671	.329
		Control	1.5380*	.31710	.000
	Control	Stanpet	-2.0183*	.32022	.000
		Auspet	-1.5380*	.31710	.000
BSUDSREL	Stanpet	Auspet	.4813	.60774	.709
		Control	.9674	.70027	.356
	Auspet	Stanpet	-.4813	.60774	.709
		Control	.4861	.69578	.765
	Control	Stanpet	-.9674	.70027	.356
		Auspet	-.4861	.69578	.765
BSUDSPM	Stanpet	Auspet	-.0455	1.00769	.999
		Control	2.1629	.96844	.087
	Auspet	Stanpet	.0455	1.00769	.999
		Control	2.2083	1.07867	.124
	Control	Stanpet	-2.1629	.96844	.087
		Auspet	-2.2083	1.07867	.124

*. The mean difference is significant at the .05 level.

Oneway ANOVAs on Improvement in SUDS Scores for Behavioural, Relationship, and Parent Self-management Issues Followed by Tukey Post Hoc Tests

Descriptives

		N	Mean	Std. Deviation
IMPBEH	Stanpet	56	3.4051	2.02533
	Auspet	58	2.8878	1.81436
	Control	72	.6516	1.28772
	Total	186	2.1779	2.09540
IMPREL	Stanpet	29	2.8120	2.49339
	Auspet	30	2.7944	2.62702
	Control	18	.9167	2.65269
	Total	77	2.3621	2.67277
IMPPAR	Stanpet	11	3.6136	2.65369
	Auspet	7	3.7500	2.78762
	Control	8	.8750	2.41646
	Total	26	2.8077	2.83664

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
IMPBEH	Between Groups	281.298	2	140.649	48.474	.000
	Within Groups	530.982	183	2.902		
	Total	812.280	185			
IMPREL	Between Groups	49.084	2	24.542	3.678	.030
	Within Groups	493.837	74	6.673		
	Total	542.921	76			
IMPPAR	Between Groups	43.243	2	21.622	3.149	.062
	Within Groups	157.920	23	6.866		
	Total	201.163	25			

Post Hoc Tests

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Type of PET program studied. Control = no program.	(J) Type of PET program studied. Control = no program.	Mean Difference (I-J)	Std. Error	Sig.
IMPBEH	Stanpet	Auspet	.5174	.31912	.239
		Control	2.7535*	.30350	.000
	Auspet	Stanpet	-.5174	.31912	.239
		Control	2.2362*	.30054	.000
	Control	Stanpet	-2.7535*	.30350	.000
		Auspet	-2.2362*	.30054	.000
IMPREL	Stanpet	Auspet	.0175	.67273	1.000
		Control	1.8953*	.77516	.044
	Auspet	Stanpet	-.0175	.67273	1.000
		Control	1.8778*	.77019	.045
	Control	Stanpet	-1.8953*	.77516	.044
		Auspet	-1.8778*	.77019	.045
IMPPAR	Stanpet	Auspet	-.1364	1.26691	.994
		Control	2.7386	1.21756	.084
	Auspet	Stanpet	.1364	1.26691	.994
		Control	2.8750	1.35615	.108
	Control	Stanpet	-2.7386	1.21756	.084
		Auspet	-2.8750	1.35615	.108

*. The mean difference is significant at the .05 level.

C2: Analyses of Variance for Data Presented in Chapter 8

C2.1 Analyses of Variance for Parent-Child Response Sheet (PCRS) Scales

Univariate Analysis of Variance of Improvement in Active Listening by Workbook, Gender and Education

Between-Subjects Factors

		Value Label	N
Type of PET program studied. Control = no program.	1	Stanpet	70
	2	Auspet	81
subject's sex	1	female	117
	2	male	34
UNIVEDU	.00	not university	81
	1.00	university	70

Descriptive Statistics

Dependent Variable: Improvement in Active Listening skills

Type of PET program	subject's sex	UNIVEDU	Mean	Std. Deviation	N
Stanpet	female	not university	10.4375	5.15573	28
		university	11.5370	4.12992	27
		Total	10.9773	4.67021	55
	male	not university	8.1875	5.02094	8
		university	6.5000	5.16398	7
		Total	7.4000	4.97924	15
	Total	not university	9.9375	5.14274	36
		university	10.5000	4.74980	34
		Total	10.2107	4.92804	70
Auspet	female	not university	11.0417	4.38565	36
		university	11.3365	3.77422	26
		Total	11.1653	4.11040	62
	male	not university	10.5000	6.15934	9
		university	11.8000	4.49815	10
		Total	11.1842	5.23665	19
	Total	not university	10.9333	4.71651	45
		university	11.4653	3.92708	36
		Total	11.1698	4.36496	81
Total	female	not university	10.7773	4.70838	64
		university	11.4387	3.92260	53
		Total	11.0769	4.36427	117
	male	not university	9.4118	5.60478	17
		university	9.6176	5.34886	17
		Total	9.5147	5.39568	34
	Total	not university	10.4907	4.90447	81
		university	10.9964	4.34151	70
		Total	10.7252	4.64361	151

Tests of Between-Subjects Effects

Dependent Variable: Improvement in Active Listening skills

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	221.929[a]	7	31.704	1.505	.170	.069
Intercept	10706.594	1	10706.594	508.223	.000	.780
GROUP	103.986	1	103.986	4.936	.028	.033
SUBJSEX	87.784	1	87.784	4.167	.043	.028
UNIVEDU	1.641	1	1.641	.078	.781	.001
GROUP * SUBJSEX	84.095	1	84.095	3.992	.048	.027
GROUP * UNIVEDU	7.710	1	7.710	.366	.546	.003
SUBJSEX * UNIVEDU	5.138	1	5.138	.244	.622	.002
GROUP * SUBJSEX * UNIVEDU	23.271	1	23.271	1.105	.295	.008
Error	3012.540	143	21.067			
Total	20603.875	151				
Corrected Total	3234.469	150				

a. R Squared = .069 (Adjusted R Squared = .023)

Estimated Marginal Means

1. Type of PET program studied. Control = no program.

Dependent Variable: Improvement in Active Listening skills

Type of PET program studied. Control = no program.	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Stanpet	9.166	.670	7.842	10.489
Auspet	11.170	.604	9.975	12.364

2. subject's sex

Dependent Variable: Improvement in Active Listening skills

subject's sex	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
female	11.088	.428	10.243	11.934
male	9.247	.794	7.677	10.817

3. UNIVEDU

Dependent Variable: Improvement in Active Listening skills

UNIVEDU	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
not university	10.042	.628	8.800	11.283
university	10.293	.647	9.014	11.573

4. Type of PET program *studied. Control* = no program. * subject's sex

Dependent Variable: Improvement in *Active Listening* skills

Type of PET program studied. Control = no program.	subject's sex	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Stanpet	female	10.987	.619	9.764	12.211
	male	7.344	1.188	4.996	9.692
Auspet	female	11.189	.591	10.022	12.357
	male	11.150	1.054	9.066	13.234

Univariate Analysis of Variance of Improvement in Assertiveness by Workbook, Gender and Education

Between-Subjects Factors

		Value Label	N
Type of PET program studied. Control = no program.	1	Stanpet	70
	2	Auspet	81
subject's sex	1	female	117
	2	male	34
UNIVEDU	.00	not university	81
	1.00	university	70

Descriptive Statistics

Dependent Variable: Improvement in Confrontation Skills

Type of PET program	subject's sex	UNIVEDU	Mean	Std. Deviation	N
Stanpet	female	not university	7.8482	5.24817	28
		university	10.4815	4.08676	27
		Total	9.1409	4.85573	55
	male	not university	7.0000	5.56135	8
		university	8.7857	6.06120	7
		Total	7.8333	5.66211	15
	Total	not university	7.6597	5.24988	36
		university	10.1324	4.50809	34
		Total	8.8607	5.02487	70
Auspet	female	not university	7.4583	4.68184	36
		university	12.3846	3.09292	26
		Total	9.5242	4.74379	62
	male	not university	7.1667	4.40170	9
		university	10.2000	2.76084	10
		Total	8.7632	3.85274	19
	Total	not university	7.4000	4.57960	45
		university	11.7778	3.12694	36
		Total	9.3457	4.53916	81
Total	female	not university	7.6289	4.90100	64
		university	11.4151	3.72458	53
		Total	9.3440	4.77982	117
	male	not university	7.0882	4.81935	17
		university	9.6176	4.31034	17
		Total	8.3529	4.68157	34
	Total	not university	7.5154	4.85900	81
		university	10.9786	3.91988	70
		Total	9.1209	4.76050	151

Tests of Between-Subjects Effects

Dependent Variable: Improvement in Confrontation Skills

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	554.579[a]	7	79.226	3.982	.001	.163
Intercept	8232.359	1	8232.359	413.820	.000	.743
GROUP	15.493	1	15.493	.779	.379	.005
SUBJSEX	40.784	1	40.784	2.050	.154	.014
UNIVEDU	247.961	1	247.961	12.464	.001	.080
GROUP * SUBJSEX	7.417E-03	1	7.417E-03	.000	.985	.000
GROUP * UNIVEDU	20.286	1	20.286	1.020	.314	.007
SUBJSEX * UNIVEDU	12.153	1	12.153	.611	.436	.004
GROUP * SUBJSEX * UNIVEDU	1.768	1	1.768	.089	.766	.001
Error	2844.778	143	19.894			
Total	15961.063	151				
Corrected Total	3399.357	150				

a. R Squared = .163 (Adjusted R Squared = .122)

Estimated Marginal Means

1. Type of PET program studied. Control = no program.

Dependent Variable: Improvement in Confrontation Skills

Type of PET program studied. Control = no program	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Stanpet	8.529	.651	7.242	9.815
Auspet	9.302	.587	8.142	10.463

2. subject's sex

Dependent Variable: Improvement in Confrontation Skills

subject's sex	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
female	9.543	.416	8.721	10.365
male	8.288	.772	6.763	9.814

3. UNIVEDU

Dependent Variable: Improvement in Confrontation Skills

UNIVEDU	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
not university	7.368	.610	6.162	8.575
university	10.463	.629	9.219	11.707

Univariate Analysis of Variance of Improvement in Conflict Resolution by Workbook, Gender and Education

Between-Subjects Factors

		Value Label	N
Type of PET program studied. Control = no program.	1	Stanpet	67
	2	Auspet	79
subject's sex	1	female	112
	2	male	34
UNIVEDU	.00	not university	79
	1.00	university	67

Descriptive Statistics

Dependent Variable: Improvement in Conflict Resolution skills

Type of PET program	subject's sex	UNIVEDU	Mean	Std. Deviation	N
Stanpet	female	not university	4.7407	3.79871	27
		university	5.4800	3.85541	25
		Total	5.0962	3.80665	52
	male	not university	3.3125	3.10458	8
		university	2.0714	4.84277	7
		Total	2.7333	3.90909	15
	Total	not university	4.4143	3.65917	35
		university	4.7344	4.25400	32
		Total	4.5672	3.92727	67
Auspet	female	not university	4.1714	3.17838	35
		university	7.1600	2.62091	25
		Total	5.4167	3.28990	60
	male	not university	4.1111	4.16667	9
		university	3.5500	4.63950	10
		Total	3.8158	4.30829	19
	Total	not university	4.1591	3.34937	44
		university	6.1286	3.64478	35
		Total	5.0316	3.59785	79
Total	female	not university	4.4194	3.44416	62
		university	6.3200	3.37119	50
		Total	5.2679	3.52656	112
	male	not university	3.7353	3.61472	17
		university	2.9412	4.63304	17
		Total	3.3382	4.11155	34
	Total	not university	4.2722	3.46946	79
		university	5.4627	3.97941	67
		Total	4.8185	3.74667	146

Tests of Between-Subjects Effects

Dependent Variable: *Improvement in Conflict Resolution skills*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	254.387[a]	7	36.341	2.816	.009	.125
Intercept	1916.445	1	1916.445	148.490	.000	.518
GROUP	18.377	1	18.377	1.424	.235	.010
SUBJSEX	115.872	1	115.872	8.978	.003	.061
UNIVEDU	5.937	1	5.937	.460	.499	.003
GROUP * SUBJSEX	2.179	1	2.179	.169	.682	.001
GROUP * UNIVEDU	13.738	1	13.738	1.064	.304	.008
SUBJSEX * UNIVEDU	48.963	1	48.963	3.794	.053	.027
GROUP * SUBJSEX * UNIVEDU	3.943	1	3.943	.306	.581	.002
Error	1781.054	138	12.906			
Total	5425.250	146				
Corrected Total	2035.440	145				

a. R Squared = .125 (Adjusted R Squared = .081)

Estimated Marginal Means

1. Type of PET program studied. *Control* = no program.

Dependent Variable: Improvement in Conflict Resolution skills

Type of PET program studied. Control = no program	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Stanpet	3.901	.527	2.858	4.944
Auspet	4.748	.475	3.809	5.687

2. subject's sex

Dependent Variable: Improvement in Conflict Resolution skills

subject's sex	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
female	5.388	.343	4.710	6.066
male	3.261	.622	2.032	4.490

3. UNIVEDU

Dependent Variable: Improvement in Conflict Resolution skills

UNIVEDU	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
not university	4.084	.493	3.108	5.059
university	4.565	.510	3.556	5.574

4. subject's sex * UNIVEDU

Dependent Variable: Improvement in Conflict Resolution skills

subject's sex	UNIVEDU	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
female	not university	4.456	.460	3.546	5.366
	university	6.320	.508	5.315	7.325
male	not university	3.712	.873	1.986	5.438
	university	2.811	.885	1.060	4.561

C2.2 Analyses of Variance for SUDS

Univariate Analysis of Variance of Improvement in SUDS Ratings of Child Management Issues

Between-Subjects Factors

		Value Label	N
subject's sex	1	female	91
	2	male	22
UNIVEDU	.00	not university	57
	1.00	university	56

Descriptive Statistics

Dependent Variable: IMPBEH

subject's sex	UNIVEDU	Mean	Std. Deviation	N
female	not university	3.4231	2.11549	48
	university	3.2486	1.61194	43
	Total	3.3406	1.88609	91
male	not university	3.2315	2.38877	9
	university	1.7385	1.45433	13
	Total	2.3492	1.98669	22
Total	not university	3.3928	2.13920	57
	university	2.8980	1.69101	56
	Total	3.1476	1.93755	113

Tests of Between-Subjects Effects

Dependent Variable: IMPBEH

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	29.958[a]	3	9.986	2.787	.044	.071
Intercept	583.856	1	583.856	162.972	.000	.599
SUBJSEX	12.475	1	12.475	3.482	.065	.031
UNIVEDU	11.980	1	11.980	3.344	.070	.030
SUBJSEX * UNIVEDU	7.489	1	7.489	2.090	.151	.019
Error	390.499	109	3.583			
Total	1539.998	113				
Corrected Total	420.458	112				

a. R Squared = .071 (Adjusted R Squared = .046)

Estimated Marginal Means

1. subject's sex

Dependent Variable: IMPBEH

subject's sex	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
female	3.336	.199	2.942	3.730
male	2.485	.410	1.672	3.298

2. UNIVEDU

Dependent Variable: IMPBEH

UNIVEDU	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
not university	3.327	.344	2.646	4.009
university	2.494	.300	1.900	3.087

Univariate Analysis of Variance of Improvement in SUDS Ratings of Relationship Issues

Between-Subjects Factors

		Value Label	N
subject's sex	1	female	45
	2	male	14
UNIVEDU	.00	not university	29
	1.00	university	30

Descriptive Statistics

Dependent Variable: IMPREL

subject's sex	UNIVEDU	Mean	Std. Deviation	N
female	not university	3.0758	2.83810	22
	university	2.7500	2.28508	23
	Total	2.9093	2.54603	45
male	not university	3.7806	1.63773	7
	university	1.1429	2.78127	7
	Total	2.4617	2.58483	14
Total	not university	3.2459	2.59039	29
	university	2.3750	2.45757	30
	Total	2.8031	2.54008	59

Tests of Between-Subjects Effects

Dependent Variable: IMPREL

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	27.684[a]	3	9.228	1.465	.234	.074
Intercept	308.413	1	308.413	48.950	.000	.471
SUBJSEX	2.173	1	2.173	.345	.559	.006
UNIVEDU	23.442	1	23.442	3.721	.059	.063
SUBJSEX * UNIVEDU	14.268	1	14.268	2.264	.138	.040
Error	346.532	55	6.301			
Total	837.790	59				
Corrected Total	374.216	58				

a. R Squared = .074 (Adjusted R Squared = .023)

Estimated Marginal Means

1. subject's sex

Dependent Variable: IMPREL

subject's sex	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
female	2.913	.374	2.163	3.663
male	2.462	.671	1.117	3.806

2. UNIVEDU

Dependent Variable: IMPREL

UNIVEDU	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
not university	3.428	.545	2.337	4.520
university	1.946	.542	.861	3.032

Univariate Analysis of Variance of Improvement in SUDS Ratings of Parent Self-Management Issues

Between-Subjects Factors

		Value Label	N
subject's sex	1	female	14
	2	male	4
UNIVEDU	.00	not university	5
	1.00	university	13

Descriptive Statistics

Dependent Variable: IMPPAR

subject's sex	UNIVEDU	Mean	Std. Deviation	N
female	not university	6.5625	2.04507	4
	university	3.4500	2.14022	10
	Total	4.3393	2.50309	14
male	not university	3.0000	.	1
	university	.7500	1.29904	3
	Total	1.3125	1.54616	4
Total	not university	5.8500	2.38223	5
	university	2.8269	2.26243	13
	Total	3.6667	2.62482	18

Tests of Between-Subjects Effects

Dependent Variable: IMPPAR

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	59.978[a]	3	19.993	4.898	.016	.512
Intercept	112.519	1	112.519	27.565	.000	.663
SUBJSEX	23.298	1	23.298	5.708	.032	.290
UNIVEDU	17.083	1	17.083	4.185	.060	.230
SUBJSEX * UNIVEDU	.442	1	.442	.108	.747	.008
Error	57.147	14	4.082			
Total	359.125	18				
Corrected Total	117.125	17				

a. R Squared = .512 (Adjusted R Squared = .408)

Estimated Marginal Means

1. subject's sex

Dependent Variable: IMPPAR

subject's sex	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
female	5.006	.598	3.724	6.288
male	1.875	1.166	-.627	4.377

2. UNIVEDU

Dependent Variable: IMPPAR

UNIVEDU	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
not university	4.781	1.129	2.359	7.204
university	2.100	.665	.674	3.526